



	- Paradaga	7		0-54	20.22	THE PROPERTY OF THE PARTY OF TH	SALES OF THE SALES	6943679		
	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.  he 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 v priv	deadline for voter registration is 15 day ote in the next election. Within 15 days ate person or entity registering voters is w.sdsos.gov.	s you	u will receive a not	ice of your reg	istration. If	you do not, contac	t your col	unty auditor. Any		
_	you a citizen of the United States of Am	neri	ica?		✓Yes	No				
Will	you be 18 years of age on or before the	е пе	ext election?		✓Yes	No				
lf yo	ou checked 'No' in response to either of	fthe	ese questions, do n	ot complete th	e form.	_				
	Last Name	F	irst Name		Middle Na	me(s)/Initial		Suffix		
1	O'Brien	F	Rory		Patrick			12 10		
	Residence Address			Apt. or Lot #	City		State	Zip Code		
2	411 N 6TH ST PMB 6281				EMERY		SD	57332-2124		
	Mailing Address (if different)				City		State	Zip Code		
3	411 N 6TH ST PMB 6281				EMERY		SD	57332-2124		
За	If Residence Address is a PO Box, rural b	box,	, or general deliver	γ, you must gi	ve the loca	tion of your residen	ce:			
4	Date of Birth (Required) Month / Day / Year		elephone Number 910-660-2110		6	South Dakota Drive		Number (Required)		
7	Choice of Party – See information in the box below:  No Party Affiliation*	8	mail Address					ocial Security Number		
_		1	Ab		455 - 2		_1	288 f 1-A A		
witi	ice of Party Information: If you are curr nyour current party affiliation. If you are n independent/no party affiliation vote:	e no	ot currently registe	red to vote an	d you leave	the choice of party				
Pre	vious Voter Registration Information Re	equ	ilred Below. Use th	nis section to c	ancel your	previous voter regi	stration:			
9	Previous Last Name	F	irst Name		Middle Na	me(s)		Suffix		
Г	Previous Address	-			City		State	Zip Code		
10					WILMIN	IGTON	NC			
	Previous Driver License Number and Sta	ate			Previous C	ounty				
11	- NC				NEW HA	NOVER				
Wo	uld you like to be a precinct election wo	orke	r on election day?		Yes	No				
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.  Date: 2/15/2023					red					





	Hattself Count						
L	Use this for	m to: Register to vot	te or report a n	ame, addre	ss or party change.		
	Please print. (	Complete the entire	form. Return	his form to	your county audit	or.	
to v priv	deadline for voter registration is 15 days to the in the next election. Within 15 days to the person or entity registering voters is w.sdsos.gov.	ou will receive a no	tice of your reg	istration. If	you do not, contact	your co	unty auditor. Any
-	you a citizen of the United States of Ame	erica?		✓Yes	No		
Wil	you be 18 years of age on or before the	next election?		✓Yes	No		
lf y	ou checked 'No' in response to either of t	hese questions, do r	not complete ti	e form.	_		
	Last Name	First Name		Middle Na	me(s)/Initial		Suffix
1	Larson	Shawn		Amhers	t		
	Residence Address		Apt. or Lot #	City		State	Zip Code
2	411 N 6TH ST PMB 6690			EMERY		SD	57332-2124
	Mailing Address (if different)			City		State	Zip Code
3	411 N 6TH ST PMB 6690			EMERY		SD	57332-2124
3а	If Residence Address is a PO Box, rural b	ox, or general delive	ry, you must gi	ve the locat	ion of your residen	ce:	
4	Date of Birth (Required) Month / Day / Year	Telephone Number	r		South Dakota Drive		Number (Required) er License,
	Choice of Party – See Information in	Email Address			provide the last 4 d	igits of S	ocial Security Number
7	the box below:	s					,
	REPUBLICAN						
witi as a	pice of Party Information: If you are curre in your current party affiliation. If you are in independent/no party affiliation voter, vious Voter Registration Information Re	not currently registe which is not a politi	ered to vote an ical party in Sou	d you leave ith Dakota.	the choice of party	field bla	nk, you will be entered
Ë	Previous Last Name	First Name		Middle Na			Suffix
9					(-,		
Т	Previous Address	· · · · · · · · · · · · · · · · · · ·		City		State	Zip Code
10	De861055559			PARK RA	APIDS	MN	
Г	Previous Driver License Number and Sta	te		Previous C	оилту		
11	- MN			НИВВАР	RD		
Wo	uld you like to be a precinct election wor	ker on election day?	1	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;						
l							





	10000000					-1175-16-	- 11			
	Use this form to: Register to vote or report a name, address or party change.									
L	Please print. Complete the entire form. Return this form to your county auditor.									
	he 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									
	o 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									
	vww.sdsos.gov.									
_	you a citizen of the United States of Ame	erica?		✓Yes	No					
Will	you be 18 years of age on or before the	next election?		✓Yes	No					
lf y	ou checked 'No' in response to either of t	hese questions, do n	ot complete th	ne form.						
	Last Name	First Name	·	Middle Na	me(s)/Initial		Suffix			
1	Larson	Jody		Ann						
_		pouy	10			le	nr. m. d.			
2	Residence Address		Apt. or Lot #	City		State	Zip Code			
	411 N 6TH ST PMB 6690			EMERY		SD	57332-2124			
	Mailing Address (if different)			City		State	Zip Code			
3	411 N 6TH ST PMB 6690			EMERY		SD	57332-2124			
	If Residence Address is a PO Box, rural be	ox, or general delive	ry, you must gi	ve the loca	tion of your residen	ce:				
3а										
├	Date of Birth (Required)	Telephone Number	•		South Dakota Drive	r Licence	Number (Required)			
	Month / Day / Year	relephone (valide)		- 1	Boutil Dakota Blive	i Cicense	Nomber (nequired)			
4	5	218-255-5721								
		210 255 5721		٦		CD Date				
$\vdash$	Choice of Party – See information in	Email Address		—— °	If you do not have a provide the last 4 d		ocial Security Number			
	the box below:						,			
	No Party Affiliation*									
_	I I I I I I I I I I I I I I I I I I I	ntly registered to yo	nte and you lea	ve the choi	<u>l</u> ice of party field bla	nk. vou w	vill remain registered			
	your current party affiliation. If you are									
	n independent/no party affiliation voter,									
Pre	vious Voter Registration Information Re	quired Below. Use ti	his section to c			stration:	1			
	Previous Last Name	First Name		Middle Na	me(s)		Suffix			
9				ļ			1			
$\vdash$	Previous Address			City		State	Zip Code			
10				1	ADIDE					
L				PARK RA	APIDS	MN				
	Previous Driver License Number and Stat	e		Previous C	ounty					
11	- MN			HUBBAR	RD					
Wo	ı uld you like to be a precinct election wor	ker on election day?		Yes	No					
	I doctors under sonale of action 19	l								
	I declare, under penalty of perjury (2 yea \$4,000 fine), that:	is imprisonment and	u.		Λ., Λ	_[	)			
	"I am a citizen of the United States of An	nerica;			DUY H	・み	mson			
	*I actually live at and have no present in		e above addres	is;	U.					
	*I will be 18 on or before the next election *I have not been judged mentally incom				C!===+-	re Requi	rod			
	*I am not currently serving a sentence for		ı; and		Signati	™E VGdni	· eu			
	*t authorize cancellation of my previous			Date	: 2/28/2023					





	P. S.						
	Use this for	m to: Register to vol	te or report a r	ame, addre	ess or party change.		
L		Complete the entire					
to v priv	deadline for voter registration is 15 days vote in the next election. Within 15 days vate person or entity registering voters is w.sdsos.gov.	ou will receive a no	tice of your reg	istration. Ii	you do not, contac	t your co	unty auditor. Any
	you a citizen of the United States of Ame	erica?		✓Yes	No		
Wil	you be 18 years of age on or before the	next election?		✓Yes	No		
lf yı	ou checked 'No' in response to either of t	hese questions, do r	ot complete ti	ne form.	_		
	Last Name	First Name		Middle Na	me(s)/Initial		Suffix
1	Cullinan	Gerald		William			Jr
	Residence Address		Apt. or Lot#	City		State	Zip Code
2	411 N 6TH ST PMB 6772	·		EMERY		SD	57332-2124
,	Mailing Address (if different)			City		State	Zip Code
Ц.	411 N 6TH ST PMB 6772			EMERY		SD	57332-2124
3а	If Residence Address is a PO Box, rural bo	ox, or general delive	ry, you must gi	ve the loca	tion of your residen	ce:	
4	Date of Birth (Required) Month / Day / Year	Telephone Number 716-866-8892			South Dakota Drive	er License	Number (Required)
		710 000 0032		6	If you do not have	a SD Drive	er License,
7	Choice of Party – See information in the box below:	Email Address			1		ocial Security Number
	INDEPENDENT						
with	ice of Party Information: If you are curre nyour current party affiliation. If you are n independent/no party affiliation voter,	not currently registe	red to vote an	d you leave	the choice of party	nk, you w field blar	ill remain registered nk, you will be entered
	ious Voter Registration Information Rec					stration:	
9	Previous Last Name	First Name		Middle Na	me(s)		Suffix
10	Previous Address			CHOCKI	OWAGA	State NY	Zip Code
	Previous Driver License Number and Stat			Previous C		141	
11	- NY	-		ERIE	odney		
Wol	uld you like to be a precinct election work	er on election day?		Yes	No		
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 addr  "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					•	ure Requi	red J
	*I authorize cancellation of my previous r	egistration, if applic	able.	Date:	5/2/2023		





-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							The second secon		
	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.									
to v priv	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.									
_	you a citizen of the United States of Arr	ıe	rica?		✓Yes	No				
Wil	you be 18 years of age on or before the	e 1	next election?		✓Yes	No				
lf ye	ou checked 'No' in response to either of	tŀ	ese questions, do n	ot complete th	e form.	_				
Г	Last Name		First Name		Middle Na	me(s)/Initial		Suffix		
1	Tate	11111	Marjorie		Kathryn					
	Residence Address			Apt. or Lot #	City		State	Zip Code		
	411 N 6TH ST PMB 5401				EMERY		SD	57332-2124		
	Mailing Address (if different)				City		State	Zip Code		
<u> </u>	411 N 6TH ST PMB 5401				EMERY	0.000 0.000 0.000	SD	57332-2124		
3a	If Residence Address is a PO Box, rural I	bo	x, or general deliver	y, you must gi	ve the locat	tion of your residen	ce:			
	Date of Birth (Required) Month / Day / Year		Telephone Number			South Dakota Drive	r License	Number (Required)		
4		5	317-796-1592		6	If you do not have a	a SD Drive	er License,		
	Choice of Party – See information in Email Address provide the last 4 digits of Social Security Number									
	REPUBLICAN									
	ice of Party Information: If you are cur									
	your current party affiliation. If you are					the choice of party	field blar	nk, you will be entered		
	n independent/no party affiliation vote vious Voter Registration Information Re					provinus votor rogi	ctration			
-	Previous Last Name	-4	First Name	iis section to c	Middle Na		stration.	Suffix		
9	revious cast ivanie		n st wante		Wilddie 1481	ilic(s)		Pullix		
_										
	Previous Address				City		State	Zip Code		
10					HILLSBO	RO	IN			
	Previous Driver License Number and Sta	ate	2		Previous C	ounty				
11	- IN				FOUNTA	AIN				
Wo	uld you like to be a precinct election wo	rk	er on election day?		Yes	No				
12	*I have not been judged mentally incompetent; Signature Required  *I am not currently serving a sentence for a felony conviction; and									
			Garante de la Paris		טמוכ.	5/8/2023				



	Use this for	m to: Register to vot	te or report a r	ame, addr	ess or party change						
	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.  he 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 v priv	e deadline for voter registration is 15 days vote in the next election. Within 15 days y vate person or entity registering voters is w.sdsos.gov.	ou will receive a not	tice of your reg	gistration. I	f you do not, contac	ct your cou	unty auditor. Any				
Are	you a citizen of the United States of Ame	rica?		✓Yes	No						
Wil	I you be 18 years of age on or before the	next election?		<b>✓</b> Yes	No						
If yo	ou checked 'No' in response to either of the		ot complete tl								
1	Last Name	First Name		Middle Na	nme(s)/Initial		Suffix				
1	Dill	Ruth		Ann							
	Residence Address		Apt. or Lot #	City		State	Zip Code				
2	3916 N POTSDAN: AVE # 2430			SIOUX F	ALLS	SD	57104-7048				
	Mailing Address (if different)			City		State	Zip Code				
3	3916 N POTSDAM AVE # 2430			SIOUX F	ALLS	SD	57104-7048				
За	If Residence Address is a PO Box, rural bo	ox, or general deliver	ry, you must gi	ve the loca	tion of your residen	ce:					
	Date of Birth (Required)	Telephone Number	•		South Dakota Drive	er License	Number (Required)				
	71954 5	562-714-5081		ı							
				16	If you do not have	a SD Drive	rlicense				
	Choice of Party	Email Address			1 '		ocial Security Number				
7	INDEPENDENT 8										
Prev	vious Voter Registration Information Rec	uired, if applicable:									
9	Previous Last Name	First Name		Middle Na	me(s)		Suffix				
	Previous Address	<u> </u>		City		State	Zip Code				
10	5018 DOWNEY AVE			LAKEWO	OOD	СА	90712				
	Previous Driver License Number and State	2		Previous C	ounty						
11	- CA			UNKOW	'N						
Vοι	ıld you like to be a precinct election work	er on election day?		Yes	No						
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.  Date: 9/6/2017						) lu					



L	Use this form	n to: Register to vot	e or report a r	name, address or party chang	ge.						
	Please print. Complete the entire form. Return this form to your county auditor.										
to v priv	he 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 o 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 rivate person or entity registering voters is required to provide you with their contact information. For more information, visit www.sdsos.gov.										
Are	you a citizen of the United States of Ame	rica?		✓Yes No							
Wil	l you be 18 years of age on or before the i	next election?		✓ Yes No							
lf y	ou checked 'No' in response to either of th	nese questions, do n	ot complete tl	he form.							
1	Last Name	First Name		Middle Name(s)/Initial		Suffix					
1	Picha	Kathleen		Jo							
_	Residence Address		Apt. or Lot #	City	State	Zip Code					
2	3916 N POTSDAM AVE PMB 15	35		SIOUX FALLS	SD	57104					
	Mailing Address (if different)			City	State	Zip Code					
	3916 N POTSDAM AVE PMB 15			SIOUX FALLS	SD	57104					
За	If Residence Address is a PO Box, rural bo	x, or general deliver	y, you must gi	ve the location of your reside	ence:						
	Date of Birth (Required)	Telephone Number		South Dakota Dri	ver License	Number (Required)					
	71956 5										
	14			6 If you do not hav	e a SD Driv	er License.					
	Choice of Party	Email Address				ocial Security Number					
7	DEMOCRAT 8			-							
Prev	vious Voter Registration Information Req	uired, if applicable:									
	Previous Last Name	First Name		Middle Name(s)		Suffix					
9	PICHA	KATHLEEN		lo							
- 1	Previous Address			City	State	Zip Code					
	1647 WILSHIRE DR NE			ROCHESTER	MN	55906					
11	Previous Driver License Number and State	<u> </u>		Previous County							
	- MN			OLDSTEAD							
νοι	ıld you like to be a precinct election work	er on election day?		Yes No							
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.  Date: 6/25/2019						red					



	Use this f	ori	n to: Register to vol	te or report a r	ame, addre	ss or party change.				
	Please print. Complete the entire form. Return this form to your county auditor.									
to v priv	e deadline for voter registration is 15 day vote in the next election. Within 15 day vate person or entity registering voters vw.sdsos.gov.	s y	ou will receive a no	tice of your rep	gistration. If	you do not, contac	t your cou	unty auditor. Any		
_	you a citizen of the United States of Ar	me	rica?		✓Yes	No				
Wil	I you be 18 years of age on or before th	ne i	next election?		✓Yes	No				
If y	ou checked 'No' in response to either o	ftl	nese questions, do r	not complete t	ne form.					
	Last Name		First Name		Middle Nar	ne(s)/Initial		Suffix		
1	Pontes		Ana Maria		Pereira (	Gomes				
_	Residence Address			Apt. or Lot #	City		State	Zip Code		
	3916 N POTSDAM AVE PMB :	13	84		SIOUX F	ALLS	SD	57104-7048		
	Mailing Address (if different)				City		State	Zip Code		
	3916 N POTSDAM AVE PMB :				SIOUX FA		SD	57104-7048		
За	If Residence Address is a PO Box, rural	bo	x, or general delive	ry, you must gi	ve the locati	on of your residen	ce:			
	Date of Birth (Required)		Telephone Number	•		South Dakota Drive	r License	Number (Required)		
	/1956	5	914-450-8481		6	f you do not have	a SD Drive	er License.		
7	Choice of Party No Party Affiliation*	8	Email Address					cial Security Number		
Prev	vious Voter Registration Information R	leq	uired, if applicable:							
9	Previous Last Name		First Name		Middle Nan	ne(s)		Suffix		
	Previous Address				City		State	Zip Code		
10	401 E 8TH ST STE 214 PMB 40	)14	4		SIOUX FA	ALLS	SD	57103		
	Previous Driver License Number and St	ate	1		Previous Co	unty				
11	01869786 - SD				01					
Vοι	uld you like to be a precinct election wo	rke	er on election day?		Yes	No				
.2	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.  Date: 8/1/2019									



L	Use this f	for	m to: Register to vo	te or report a i	name, addi	ess or party change		
	Please print	. (	Complete the entire	form. Return	this form	to your county audi	tor.	
to pri	e deadline for voter registration is 15 da vote in the next election. Within 15 day vate person or entity registering voters vw.sdsos.gov.	15	ou will receive a no	tice of your re	gistration.	If you do not, contac	ct your co	unty auditor. Any
Are	you a citizen of the United States of A	me	erica?		✓Yes	No		
Wi	I you be 18 years of age on or before th	ne	next election?		✓Yes	No		
lf y	ou checked 'No' in response to either o	f t	hese questions, do r	not complete t	he form.			
1	Last Name		First Name		Middle N	ame(s)/Initial		Suffix
1	Ragland		Julia		Field			
_	Residence Address			Apt. or Lot #	City		State	Zip Code
2	3916 N POTSDAM AVE PMB	47	'05		sioux	FALLS	SD	57104-7048
_	Mailing Address (if different)				City		State	Zip Code
3	3916 N POTSDAM AVE PMB				siouxi		SD	57104-7048
За	If Residence Address is a PO Box, rural	bo	ox, or general delive	ry, you must gi	ve the loca	ition of your residen	ice:	
4	Date of Birth (Required) Month / Day / Year		Telephone Number			South Dakota Drive	er License	Number (Required)
4	1957	5	434-390-1885			f you do not have	a CD Daire	
	Choice of Party – See information in		Email Address		°	If you do not have provide the last 4 c		ocial Security Number
/	the box below: 8 REPUBLICAN							
vitł	ice of Party Information: If you are cur nyour current party affiliation. If you ar n independent/no party affiliation vote	e i	not currently registe	red to vote an	d you leave	the choice of party	nk, you w field blar	ill remain registered nk, you will be entered
re	vious Voter Registration Information R	ec	uired Below. Use th	is section to c	ancel your	previous voter regi	stration:	·
9	Previous Last Name		First Name		Middle Na	me(s)		Suffix
							T	
ากไ	Previous Address				City		State	Zip Code
	401 HATTERS CREEK DR				GREEN	ВАҮ	VA	23942
11	Previous Driver License Number and Sta	ate			Previous C	ounty		
	- VA				PRINCE	EDWARD		
Vol	ıld you like to be a precinct election wo	rk	er on election day?		Yes	No		
2	declare, under penalty of perjury (2 yes \$4,000 fine), that: *I am a citizen of the United States of A *I actually live at and have no present in *I will be 18 on or before the next elect *I have not been judged mentally incom	m nte	erica; ention of leaving the n;		5;	Wai F. N	Paylire Requir	
ľ	'I am not currently serving a sentence f 'I authorize cancellation of my previous	or	a felony conviction;		Date:	9/8/2021		

Auditor use only. Agency code: A

EXHIBIT 25 2019



	Use this fo	rm to: Register to vot	te or report a r	name, address o	r party change.						
	Please print. Complete the entire form. Return this form to your county auditor.										
	he 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 over the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor. Any										
priv	private person or entity registering voters is required to provide you with their contact information. For more information, visit										
	re you a citizen of the United States of America?										
1	you a citizen of the United States of Am I you be 18 years of age on or before the			housest trained	No No						
	ou checked 'No' in response to either of		not complete t	Land Land	NO						
_	Last Name	First Name	iot complete t	Middle Name(	s)/Initial		Suffix				
1	Radke	Gladys		Alta							
	Residence Address		Apt. or Lot #	City		State	Zip Code				
2	3916 N POTSDAM AVE PMB 20	003		SIOUX FALI	_S	SD	57104-7048				
	Mailing Address (if different)			City		State	Zip Code				
	3916 N POTSDAM AVE PMB 20			SIOUX FALI		SD	57104-7048				
За	If Residence Address is a PO Box, rural b	ox, or general deliver	ry, you must gi	ve the location	of your residen	ce:					
	Date of Birth (Required)	Telephone Number		Sou	th Dakota Drive	r License	Number (Required)				
	/1954 s	507-993-9772									
					ou do not have a						
7	Choice of Party	Email Address		prov	ide the last 4 d	igits of So	cial Security Number				
	INDEPENDENT										
Prev	vious Voter Registration Information Re	quired, if applicable:									
9	Previous Last Name	First Name		Middle Name(s	5)		Suffix				
٦	RADKE	GLADYS		ALTA							
- 1	Previous Address			City		State	Zip Code				
10	61397 233RD AVE			MANTORVI	LLE	MN	55955				
- 1	Previous Driver License Number and Stat	:e		Previous Count	у		<u> </u>				
11	Z666285633918 - MN			DODGE							
Vοι	ıld you like to be a precinct election worl	ker on election day?		Yes N	lo						
L2	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;						ed				



L	Use this	for	m to: Register to vot	te or report a	name, ad	dress or party change	e.			
	Please print. Complete the entire form. Return this form to your county auditor.  he 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									
pri	e deadline for voter registration is 15 on the vote in the next election. Within 15 da wate person or entity registering voters www.sdsos.gov.	lay: ys y	s before any election you will receive a not	. Your form m	ust be re	ceived by the county	auditor b	unty auditor Any		
Are	you a citizen of the United States of A	\me	erica?		✓Yes	No				
Wi	ll you be 18 years of age on or before t	he	next election?		✓Yes	No				
lf y	ou checked 'No' in response to either	of t	hese questions, do n	ot complete t	he form.			÷		
1	Last Name		First Name		Middle	Name(s)/Initial		Suffix		
	Hanson		Diana		Mae					
	Residence Address			Apt. or Lot#	City		State	Zip Code		
2	401 E 8TH ST STE 214 PMB 1	19	93		SIOUX	FALLS	SD	57103		
١	Mailing Address (if different)				City		State	Zip Code		
3	401 E 8TH ST STE 214 PMB 1		2 2 2 2012		1	FALLS	SD	57103		
3a	If Residence Address is a PO Box, rura	l bc	ox, or general deliver	y, you must g	ve the lo	cation of your resider	nce:			
	Date of Birth (Required)		Telephone Number			South Dakota Driv	er License	Number (Required)		
e i	/1949	5	540-533-5805			( consequent	-	,		
	Choice of Party	-	Email Address			6 If you do not have				
7	INDEPENDENT	8	emany radi ess			provide the last 4	aigits of S	ocial Security Number		
Prev	vious Voter Registration Information F	₹eq	uired, if applicable:							
9	Previous Last Name		First Name		Middle i	Name(s)		Suffix		
	Previous Address				City State			Zip Code		
10	102 WILD ROSE CIR				WINCHESTER VA			22602		
	Previous Driver License Number and St	ate			Previous	County				
11	- VA				FREDR	ICK				
Vol	lld you like to be a precinct election wo	orke	er on election day?		Yes	No				
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 addr  *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.				and		Signate e: 12/8/2016	<b>7</b> , <b>d</b>	4anson red		

Auditor use only. Agency code: A

1/1/2013



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 a 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 ways doso, gov.  Are you a citizen of the United States of America?  Aprical States of America?  Ap		Use this fo	orm to: Register to vo	te or report a	name, addr	ess or party chang	e.				
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 at o 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 are you a citizen of the United States of America?  Will you be 18 years of age on or before the next election?  If you checked 'No' in response to either of these questions, do not complete the form.  Last Name  Inst Name	L	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.									
Will you be 18 years of age on or before the next election?  f you checked 'No' in response to either of these questions, do not complete the form.    ast Name	pr w\	to 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 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 ivate person or entity registering voters is required to provide you with their contact information. For more information, visit would still a contact information of the United States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the United States of Associated and the sound of the States of As									
If you checked 'No' in response to either of these questions, do not complete the form.  Last Name Harasyn Theodore  Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  State Zip Code SIOUX FALLS SD 57103-7011  Telephone Number  Fresidence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:  Date of Birth (Required) Month / Day / Year  Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  Telephone Number  Feelphone Number  Feelphone Number  Choice of Party – See information in the box below: 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 its an independent/no party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered its an independent/no party affiliation voter, which is not a political party in South Dakota.  Previous Last Name  First Name Middle Name(s)  Suffix  Suffix  Suffix					✓ Yes	No	***************************************				
Last Name Harasyn Theodore David  Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  Mailing Address (if different)  Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  To City State Zip Code SIOUX FALLS SD 57103-7011  Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:  Date of Birth (Required) Month / Day / Year  Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:  Date of Birth (Required) Month / Day / Year  Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  Felephone Number  Follow Dake of Porty License Number (Required) Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  Felephone Number  Follow Dake of Porty License Number (Required) Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  Felephone Number  Follow Dake of Porty License Number (Required) Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  Felephone Number  Follow Dake of Porty License Number (Required) Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  Felephone Number  Follow Dake of Porty License Number (Required) Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  Follow Dake of Porty Independence:  Follow Dake of Porty Independence:  Apt. or Lot # City State Zip Code SIOUX FALLS SD 57103-7011  Follow Dake of Porty Independence:  Apt. or Lot # City State Zip Code Sioux Falls Sioux Fa						□No					
Theodore  Residence Address  Residence Address  Apt. or Lot # City State Zip Code  SIOUX FALLS SD 57103-7011  City State Zip Code  SIOUX FALLS SD 57103-7011  State Zip Code  SIOUX FALLS SD 57103-7011  State Zip Code  SIOUX FALLS SD 57103-7011  South Dakota Driver License Number (Required)  Month / Day / Year  Date of Birth (Required) Month / Day / Year  Apt. or Lot # City State Zip Code  SIOUX FALLS SD 57103-7011  Telephone Number South Dakota Driver License Number (Required)  Month / Day / Year  Apt. or Lot # City State Zip Code  SIOUX FALLS SD 57103-7011  Telephone Number South Dakota Driver License Number (Required)  Month / Day / Year  Apt. or Lot # City State Zip Code  SIOUX FALLS SD 57103-7011  Telephone Number South Dakota Driver License Number (Required)  Apt. or Lot # City State Zip Code  SIOUX FALLS SD 57103-7011  Telephone Number South Dakota Driver License Number (Required)  Apt. or Lot # City State Zip Code  SIOUX FALLS SD 57103-7011  Telephone Number South Dakota Driver License Number (Required)  Apt. or Lot # City State Zip Code  SIOUX FALLS SD 57103-7011  Final Pale Pale Pale Pale Pale Pale Pale Pa	fy	ou checked 'No' in response to either of	these questions, do r	not complete t	he form.	No-removement .					
Harasyn	1	Last Name	First Name		Middle Na	me(s)/Initial		Suffix			
A01 E 8TH ST PMB 1838  SIOUX FALLS  SD 57103-7011  The lephone Number 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 Last Name  Previous Last Name  Previous Address  SIOUX FALLS  SD 57103-7011  South Dakota Driver License Number (Required)  First Name  South Dakota Driver License Number (Required)  First Name  Middle Name(s)  Suffix	Ĺ		Theodore		David						
Mailing Address (if different)  AO1 E 8TH ST PMB 1838  Mailing Address (if different)  AO1 E 8TH ST PMB 1838  If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:  Date of Birth (Required) Month / Day / Year  AU1 S South Dakota Driver License Number (Required) Month / Day / Year  AU2 S South Dakota Driver License Number (Required)  AU3 South Dakota Driver License Number (Required)  AU4 S South Dakota Driver License Number (Required)  AU5 South Dakota Dr	,	Residence Address		Apt. or Lot #	City		State	Zip Code			
401 E 8TH ST PMB 1838  SIOUX FALLS  SD  57103-7011  Fresidence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:  Date of Birth (Required) Month / Day / Year  Choice of Party – See information in the box below:  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:  Previous Address  Previous Address  Previous Address  SIOUX FALLS  SD  57103-7011  Felephone Number  South Dakota Driver License Number (Required)  Find you do not have a SD Driver License, provide the last 4 digits of Social Security Number or vote the last 4 digits of Social Security Number or vote the last 4 digits of Social Security Number or vote the last 4 digits of Social Security Number or vote the last 4 digits of Social Security Number or vote the last 4 digits of Social Security Number or vote the last 4 digits of Social Security Number or vote the choice of party field blank, you will be entered by the choice of party field blank, you will be entered by the choice of party field blank, you will be entered by the choice of party field blank, you will be entered by the choice of party field blank, you will be entered by the choice of party field blank, you will be entered by the choice of party field blank, you will be entered by the choice of party field blank, you will be entered by the choice of party field blank, you will be entered by the choice of party field blank, you will be entered by the choice of party field blank, you will be entered by the choice of party field blank, you will be entered by the choice of party field blank, yo	Ĺ				SIOUX F	ALLS	SD	57103-7011			
## SIOUX FALLS	2	Mailing Address (if different)			City		State	Zip Code			
Frevious Address   Frevious Ad	,	401 E 8TH ST PMB 1838			SIOUX F	ALLS	SD	57103-7011			
Date of Birth (Required) Month / Day / Year  4  Choice of Party – See information in the box below: 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 vith 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:  Previous Last Name  Previous Address  Previous Address		f Residence Address is a PO Box, rural b	ox, or general deliver	ry, you must gi				p/103-7011			
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Previous Last Name  First Name  First Name  Previous Address	Cho	ice of Party Information: If you are curre	ntly registered to vot	te and you leav	ve the choice	e of party field bla	nk, you w	ill remain registered			
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Previous Address	9				madic Har	110(3)		Битіх			
rievious Address	$\dashv$	Province Address									
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.1	11	-				,					
/ould you like to be a precinct election worker on election day?	/ou	ld you like to be a precinct election work	or on clostica de la		r						
No Yes No	- 1				Yes	No					
Name of the state	\$	declare, under penalty of perjury (2 year:	s imprisonment and			1000					
declare, under penalty of perjury (2 years imprisonment and	*	I am a citizen of the United States of Ame	erica;		16	The last	2	musta )			
\$4,000 fine), that: *I am a citizen of the United States of America;	*	I actually live at and have no present inte	ention of leaving the	above address	, ] ] -	june 9	7				
*I actually live at and have no present intention of leaving the above address:	ረ ୮	I will be 18 on or before the next election	1;					(/			
*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		Signatu	re Require	ed			
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	Ś	declare, under penalty of perjury (2 years 4.000 fine), that:	s imprisonment and		1	1000					
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*I actually live at and have no present intention of leaving the above address:	ረ ୮	I will be 18 on or before the next election	1;					(/			
*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 am not currently serving a sentence for	etent; a felony conviction:	and		Signatu	re Require	ed			
*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;	*	l authorize cancellation of my previous re	gistration, if applical	ble.	Date:	6/24/2020					
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Use this form to: Register to vote or report a name, address or party change.								
	Please prin	t. (	Complete the entire	form. Return	this form to your county	auditor.		
pri ww	e deadline for voter registration is 15 on wote in the next election. Within 15 dang wate person or entity registering voters was sone.	lay: ys y s is	s before any election you will receive a no required to provide	n. Your form m tice of your re	ust be received by the congistration. If you do not so	unty auditor b	untu auditon Anu	
Are	you a citizen of the United States of A	١me	rica?		¥ Yes No			
	ll you be 18 years of age on or before t				Yes No			
f y	ou checked 'No' in response to either o	of t	hese questions, do r	not complete t	he form.	*	· ·	
	Last Name		First Name		Middle Name(s)/Initial		Suffix	
1	Harrington John			Edmund				
	Residence Address			Apt. or Lot#	City	State	Zip Code	
2	401 E 8TH ST STE 214 PMB 1	72	7		SIOUX FALLS	SD	57103	
3	Mailing Address (if different)				City	State	Zip Code	
	401 E 8TH ST STE 214 PMB 1				SIOUX FALLS	SD	57103	
3a	If Residence Address is a PO Box, rural	bc	x, or general deliver	γ, you must gi	ve the location of your re	sidence:		
A Pag	Date of Birth (Required)	5	Telephone Number 228-860-0098		South Dakota		Number (Required)	
7	Choice of Party REPUBLICAN	8	Email Address				er License, ocial Security Number	
rev	vious Voter Registration Information R	leq	uired, 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 St				Previous County			
Vou	ld you like to be a precinct election wo	rke	er on election day?		Yes VNo			
2 **	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 addres				gnature Requir	red ·		



1	Use this form to: Register to vote or report a name, address or party change.						
卜	Please print	Complete the entire	te or report a	name, address o	or party change	2.	
pri	e deadline for voter registration is 15 day vote in the next election. Within 15 days vate person or entity registering voters is vw.sdsos.gov.	you will receive a no	n. Your form m	ust be received	by the county	auditor b	and the same of th
Ar	e you a citizen of the United States of Am	erica?		Yes	No		
1	ll you be 18 years of age on or before the				No		
	ou checked 'No' in response to either of		not complete t		NO		
Γ	Last Name	First Name	.or complete t	Middle Name(	s)/Initial		Suffix
1	Hayden	Katherine		,	- 7, - 1. 1. 1. 1.		Sum
	Residence Address		Apt. or Lot #	City		State	Zip Code
2	401 E 8TH ST STE 214 PMB 76	17		SIOUX FALI	.S	SD	57103-7049
3	Mailing Address (if different)			City State			Zip Code
3	401 E 8TH ST STE 214 PMB 76:	17		SIOUX FALLS SD			57103-7049
If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:				PD_	B/105-7049		
3a	Ba						
	Date of Birth (Required) Month / Day / Year	Telephone Number		Sout	h Dakota Drive	er License	Number (Required)
4							
	1988	415-619-0874					
	Choice of Party – See information in	<u> </u>		6 If yo	u do not have	a SD Drive	er License,
	the box below:	Email Address		prov	ide the last 4 c	ligits of So	ocial Security Number
	DEMOCRAT   8						
	U SANSON DE BURGOON DANK						
	ice of Party Information: If you are curre your current party affiliation. If you are n independent/no party affiliation voter,	iot currently register	ed to vote and	Volleave the	party field bla choice of party	nk, you w field blar	ill remain registered nk, you will be entered
rev	ious Voter Registration Information Rec	uired Below. Use th	is section to ca	in Dakota.	ous votor resi	-44	
	Previous Last Name	First Name		Middle Name(s)		stration:	La
9				wildule Maille(S)			Suffix
-							
ro	Previous Address			City		State	Zip Code
	Previous Driver License Number and State	2		Previous County			
1	-			,			
/ou	ld you like to be a precinct election work	er on election day?		Yes No	)		
	declare, under penalty of perjury (2 year	s imposionement and					
Ş	4,000 fine), that:			1//	7	1	
*	I am a citizen of the United States of Amo	erica;		V/	La N	1	
, [*	I actually live at and have no present inte I will be 18 on or before the next electior	above address	ss; May				
*	I have not been judged mentally incomp	ı; etent:		, ,			
*	I am not currently serving a sentence for	a felony conviction: a	and		Signatu	re Require	ed
*	l authorize cancellation of my previous re	gistration, if applicat	ole.	Date: 1/2	9/2020	EX	CHIBIT 25



	lien this fac						
-		m to: Register to vot					
-h	Please print. C	Complete the entire	form. Return	this form	to your county audi	tor.	
pri ww	ne deadline for voter registration is 15 days vote in the next election. Within 15 days y ivate person or entity registering voters is nww.sdsos.gov.	you will receive a not required to provide	tice of your rea	gistration.	If you do not contact	ct vour cou	unty auditor Any
1	e you a citizen of the United States of Ame			✓Yes	No		
1	ill you be 18 years of age on or before the r			✓Yes	□No		
f y	you checked 'No' in response to either of th	hese questions, do r	not complete t	he form.			
	Last Name	First Name			Name(s)/Initial		Suffix
1	Heagney	Tammie		Marie			
2	Residence Address		Apt. or Lot #	City		State	Zip Code
_	401 E 8TH ST STE 214 PMB 780	18		SIOUX FALLS SD		SD	57103-7049
3	Mailing Address (if different)			City		State	Zip Code
	401 E 8TH ST STE 214 PMB 780	18		sioux	FALLS	SD	57103-7049
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) Month / Day / Year  5 208-369-8720  Telephone Number South Dakota Driver License Number (Required)							
7	the box below: REPUBLICAN	Email Address   If you do not have a SD Driver License, provide the last 4 digits of Social Security Number 8				ocial Security Number	
as a	oice of Party Information: If you are current h your current party affiliation. If you are no an independent/no party affiliation voter, w	not currently register which is not a political	red to vote and cal party in Sou	d you leave Ith Dakota	e the choice of party	field blan	ill remain registered ik, you will be entered
'rev	vious Voter Registration Information Requ	uired Below. Use th	is section to ca	ancel your	r previous voter regi	stration:	
		First Name		Middle Na			Suffix
		TAMMIE		MARIE	<u> </u>		
10	Previous Address	400000		City		State	Zip Code
	58470 HOP RD			CALDW	ELL	ID	83607
	Previous Driver License Number and State	:		Previous C	County		I
	AB193698I - ID		1	CANYO			
Vou	uld you like to be a precinct election worke	er on election day?		Yes	No		
declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:   *  am a citizen of the United States of America;   *  actually live at and have no present intention of leaving the above address;   *  will be 18 on or before the next election;   *  have not been judged mentally incompetent;   *  am not currently serving a sentence for a felony conviction; and					ed		
	*I authorize cancellation of my previous rep	gistration, if applicat	ble.	Date	: 7/15/2020		



4 ( 2)	lles bit for	o to: Register to vot	e or report a na	ame, address or party	change.			
-	The control of the co	and distributed to the property of the propert	10 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	his form to your cour		20 Sept 12 Sept. 2 Sept. 2 Sept. 1		
nex	deadline for voter registration is 15 days before telection. Within 15 days you will receive a no ers is required to provide you with their contact.	re any election. Your fo	orm must be rece n. If you do not,	eived by the county audit	tor by this deadline i	f you are to vote in the son or entity registering		
	Are you a citizen of the United States of Ameri	ca?		<b>✓</b> Yes	No			
1	Will you be 18 years of age on or before the ne	ext election?		✓Yes	No	No		
	If you checked 'No' in response to either of the	se questions, do not c	omplete the forr	n.				
7	Last Name	First Name		Middle Name(s)/Initial		Suffix		
2	Ritze	Donald		Eugene				
	Residence Address		Apt. or Lot#	City	State	Zip Code		
3	514 AMERICAS WAY PMB 12883			BOX ELDER	SD	57719-7600		
	Mailing Address (if different)			City	State	Zip Code		
4	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:							
) 	Date of Birth (Required) Month / Day / Year  Choice of Party – See information in the box below:  Date of Birth (Required)  Telephone Number  SD Driver License (DL) # or SD Non-Driver ID #(Required)  If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number							
8	REPUBLICAN				ver vill semaie rogi	ctored with your current		
par	oice of Party Information: If you are currently rety affiliation. If you are not currently registered	to vote and you leave	the choice of pa	rty field blank, you will b	pe entered as a no pa	arty affiliation voter.		
Pre	vious Voter Registration Information Required	l Below. Use this secti	on to cancel you	r previous voter registra	ation:			
10	Previous Last Name	First Name		Middle Name(s)		Suffix		
11 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 worke	r on election day?	and the second	Yes	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			Date: 10/26/20	ired			
	*I authorize cancellation of my previous i			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				



	Use this form to: Register to vote or report a name, address or party change.								
				his form to your county audi					
nex	deadline for voter registration is 15 days befor t election. Within 15 days you will receive a no ers is required to provide you with their contact	tice of your registratio	n. If you do not, o	contact your county auditor. Any	s deadline if private pers	you are to vote in the on or entity registering			
ì	Are you a citizen of the United States of Ameri Will you be 18 years of age on or before the ne	ca? ext election?		¥Yes ¥Yes	No No				
	If you checked 'No' in response to either of the	se questions, do not c				L			
2	Last Name	First Name		Middle Name(s)/Initial		Suffix			
4	Wakafuji	Quan		Pham					
3	Residence Address		Apt. or Lot #	City	State	Zip Code			
3	514 AMERICAS WAY PMB 22032			BOX ELDER	SD	57719-7600			
	Mailing Address (if different)			City	State	Zip Code			
4	514 AMERICAS WAY PMB 22032			BOX ELDER	SD	57719-7600			
4a	map to pinpoint your residence and you do not have enough room in the space provided, use the back of this form:								
5 <b>*</b>	Date of Birth (Required) Month / Day / Year  Choice of Party – See information in the box below:  REPUBLICAN  Telephone Number  SD Driver License (DL) # or SD Non-Driver ID #(Required)  If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number								
Che	pice of Party Information: If you are currently	registered to vote and	vou leave the ch	pice of party field blank, you will	remain regis	tered with your current			
par	ty affiliation. If you are not currently registered	to vote and you leave	the choice of pa	rty field blank, you will be entere	d as a no pa	rty affiliation voter.			
Pre	vious Voter Registration Information Require	Below. Use this secti	ion to cancel you	r 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 works	r on election day?		Yes	No				
14	I declare, under penalty of perjury (2 yea \$4,000 fine), that:  *I am a citizen of the United States of Am  *I will be 18 years of age or older on or b  *I have maintained residence in South Da  submitting the registration form;  *I have not been judged mentally incomp  *I am not currently serving a sentence fo	ion; days prior to	Signature Required						
	*I authorize cancellation of my previous			Date: 10/26/2023					



Re I	Use this form	to: Register to vote	e or report a na	me, address or party ch	ange.		
		Charles and the second control of the second		his form to your county			
ne	e deadline for voter registration is 15 days before xt election. Within 15 days you will receive a noti ters is required to provide you with their contact	any election. Your fo	orm must be rece n. If you do not, o	ived by the county auditor contact your county auditor	by this deadline i	f you are to vote in the son or entity registering	
1	Are you a citizen of the United States of America Will you be 18 years of age on or before the nex If you checked 'No' in response to either of thes	at election?	omplete the forn	Yes Yes	No No		
2	Last Name F	First Name  Dwen		Middle Name(s)/Initial		Suffix	
3	Residence Address 514 AMERICAS WAY PMB 21948		Apt. or Lot #	City BOX ELDER	State SD	Zip Code 57719-7600	
4	Mailing Address (if different) 514 AMERICAS WAY PMB 21948			City BOX ELDER	State SD	Zip Code 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  Choice of Party – See information in the box below:  Telephone Number  SD Driver License (DL) # or SD Non-Driver ID #(Required)  Telephone Number						
pa	DEMOCRATIC  loice of Party Information: If you are currently re rty affiliation. If you are not currently registered to	to vote and you leave	the choice of pa	rty field blank, you will be e	ntered as a no pa	stered with your current arty affiliation voter.	
Pre	evious Voter Registration Information Required		on to cancel you	- 131 5V2 - 5V3 VS	n:	le m	
10	P. STANDARON CHARLE THE MEDIANNESS AND MEDIANNESS CO.	First Name		Middle Name(s)		Suffix	
11	Previous Address	×		City PITTSFIELD	State NH	Zip Code	
12	Previous Driver License Number and State - NH			Previous County MCGRRIMACK	DOMONOSTI		
13	Would you like to be a precinct election worker			Yes	No		
14	I declare, under penalty of perjury (2 years \$4,000 fine), that:  *I am a citizen of the United States of Ame *I will be 18 years of age or older on or be *I have maintained residence in South Dak submitting the registration form;  *I have not been judged mentally incompe *I am not currently serving a sentence for *I authorize cancellation of my previous re	on; days prior to ; and	Signature Required  Date: 10/25/2023				



i diy	Use this for	m to: Register to vot	e or report a n	ame, address or party change.					
*				his form to your county audit	or.				
nex	e deadline for voter registration is 15 days befort telection. Within 15 days you will receive a noter is ters is required to provide you with their conta	otice of your registratio	n. If you do not,	contact your county auditor. Any p	deadline i private per	f you are to vote in the son or entity registering			
X X	Are you a citizen of the United States of Amer Will you be 18 years of age on or before the r	ica? ext election?		✓Yes ✓Yes	No No				
2	If you checked 'No' in response to either of the Last Name	First Name	omplete the for	Middle Name(s)/Initial		Suffix			
	David	Valerie		H	Trans	Zin Codo			
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	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  Choice of Party – See information in the box below:  Telephone Number  SD Driver License (DL) # or SD Non-Driver ID #(Required)  If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number								
<u>.</u>	DEMOCRATIC								
Che	oice of Party Information: If you are currently rty affiliation. If you are not currently registere	registered to vote and	you leave the che	pice of party field blank, you will re rty field blank, you will be entered	emain regi: I as a no pa	stered with your current arty affiliation voter.			
_	evious Voter Registration Information Require								
10	Previous Last Name	First Name		Middle Name(s)		Suffix			
	Previous Address			City	State	Zip Code			
11				PITTSFIELD	NH				
	Previous Driver License Number and State			Previous County					
12	- NH			MERRIMOCK					
13	Would you like to be a precinct election work	er on election day?		Yes	No				
10 P	I declare, under penalty of perjury (2 yea	of and it is substituted and activities	d		lament .				
	\$4,000 fine), that:  *I am a citizen of the United States of Ar  *I will be 18 years of age or older on or be	nerica; pefore the next elect	ion;	Valeri					
14	*I have not been judged mentally incom	petent;			ure Requ	irea			
	*I am not currently serving a sentence for a felony conviction; and Tauthorize cancellation of my previous registration, if applicable.								



	Use this form to: Register to vote or report a name, address or party change.							
	Please print. C	omplete the entire	form. Return t	this form to your count	y auditor.			
nex	e deadline for voter registration is 15 days befo tt election. Within 15 days you will receive a no ers is required to provide you with their contac	tice of your registratio	n. if you do not,	contact your county audito	r by this deadline it or. Any private per	f you are to vote in the son or entity registering		
33	Are you a citizen of the United States of Ameri	ca?		¥Yes	No	-		
1	Will you be 18 years of age on or before the no	ext election?		✓Yes	No			
	If you checked 'No' in response to either of the	ese questions, do not d	complete the form	n.				
- 0.00	Last Name	First Name		Middle Name(s)/Initial		Suffix		
2	Duperock	Emily		Ruth Ogden				
	Residence Address	L	Apt. or Lot#	City	State	Zip Code		
3	514 AMERICAS WAY PMB 21622			BOX ELDER	SD	57719-7600		
1000	Mailing Address (if different)			City	State	Zip Code		
4	514 AMERICAS WAY PMB 21622			BOX ELDER	SD	57719-7600		
	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:							
. o	Choice of Party – See information in the Email Address Irryou do not have a current SD DL or SD Non-Driver ID,							
Cho	oice of Party Information: If you are currently	egistered to vote and	you leave the cho	oice of party field blank, yo	ou will remain regis	stered with your current		
-	ty affiliation. If you are not currently registered vious Voter Registration Information Require		The Control of the Co			rty amiliation voter.		
	Previous Last Name	First Name	Control of the second	Middle Name(s)		Suffix		
10				,				
100	Previous Address			City	State	Zip Code		
11				VIRGINIA BEACH	VA			
(38°) X. (4°) X. (4°) X.	Previous Driver License Number and State			Previous County				
12	- VA			VIRGINIA BEACH				
12	Would you like to be a precinct election works	or on election day?		Yes	No			
= ≾ ;,,,,	Control of the Contro	County townships American Control of the Con-	<u> </u>		<u> </u>			
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				`	Signature Requi			
*I authorize cancellation of my previous registration, if applicable.								



Viail to:	 	

18/	Pennington County	32	56				
	Use this form to: Register to vote or r						
	Please print. Complete the entire form						
are	e deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this deadline if you e 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 vate person or entity registering voters is required to provide you with their contact information. For more information, visit www.sdsos.gov.						
Wil	Are you a citizen of the United States of America?  Nill you be 18 years of age on or before the next election?  If you checked 'No' in response to either of these questions, do not complete this form.						
	Last Name First Name	M	fiddle Name(s)/Ir	nitial		Suffix	
1	FERREE LAWRENCE		M				
	Residence Address Apt. or L	.ot# C	City		State	Zip Code	
2	316 VILLA DR 114	38 1	BOX E	Floter	20	57719	
	Mailing Address (if different)	C	City	*	State	Zip Code	
3	214 RAINDOW Dr.	1	ivings	not	TX	77399	
3a	If Residence Address is a PO Box, rural box, or general delivery, you must	give the loca	ation of your resi	dence:			
	Date of Birth (Required) Telephone Number			South Dakota D	river Licens	se Number (Required)	
4	Month / Day / Year 5 812-927 -	039	3	1		8 80 £	
			6	If you do not ha	ve a SD Dr	iver License.	
7	REpublican 8 1. Ferree 0 5	bcgl	obal	Control of the Contro		Social Security Number	
re	vious Voter Registration Information Required, if applicable:			×			
	Previous Last Name First Name	М	1iddle Name(s)			Suffix	
9	FERREE LAWRENCE		M				
	Previous Address	c	ity		State	Zip Code	
10	2061 SR 229 N		Batesu	ille	IN	47006	
	Previous Driver License Number and State	P	revious County				
11	3			OKUI	J		
Vol	uld you like to be a precinct election worker on election day?		Yes X	No			
	I declare, under penalty of perjury (2 years imprisonment and \$4,000 fine), that:  *I am a citizen of the United States of America;		Lama	m- 7	ens	s.	
	*I actually live at and have no present intention of leaving the above at	ldress;		¥1			
12	*I will be 18 on or before the next election;			Signatur	e Required		
	*I have not been judged mentally incompetent;  *I am not currently serving a sentence for a felony conviction; and			C. S.			
	*I authorize cancellation of my previous registration, if applica	VED	Dat		10 1	12	
				Month /	Day /	Year	
_	All = a					Obel teatment in the	

Auditor use only. Agency code:

AUG 1 0 2015

01/01/2013



#### South Dakota Voter Registration Form Pennington County

#### RECEIVED

JUN 10 2022

	44444			8	PE	NNINGIC	ON CO. AUDITOR
	Use this form	to: Register to vote or	report a name,	address, or p	party change.		
The		omplete the entire form				-	
VOLE	deadline for voter registration is 15 days in the next election. Within 15 days you ntity registering voters is required to provi	will receive a notice of	your registration	n. If you do	not, contact your cou	nty auditor	adline if you are to . Any private person
Will	you a citizen of the United States of Americ you be 18 years of age on or before the ne u checked 'No' in response to either of the	xtelection?	plete this form.	Yes Yes	No No	****	
	Last Name	First Name		Middle Nar	ne(s)/Initial		Suffix
1	Kaga	David		Gen	ZO		
Venn	Residence Address		Apt. or Lot#	City	Communication (1979)	State	Zip Code
2	316 Villa Drive		11491	Box	Elder	SD	57719
3	Mailing Address (if different) 214 Rainbow Drive					State TX	Zip Code 77399
3a	If Residence Address is a PO Box, rural box PMB: 11491	s, or general delivery, you	u must give the	location of y	our residence:		
	Date of Birth (Required):	6 South Dakota Driver License Number (Required)					
4	Month / Day / Year 5	Telephone Number					
		770.712.4755					<*
	Choice of Party – See information in	Email Address			If you do not have a	current SD I	Driver License
7	the box below:				provide the last 4 dig		
	Republican	dgkaga@g	mail.co	om			
nde	ce of Party Information: If you are current ent party affiliation. If you are not currentl pendent/no party affiliation voter, which is	y registered to vote and not a political party in S	you leave the cl outh Dakota.	hoice of par	ty field blank, you will	l remain re be entered	gistered with your as an
Prev	ious Voter Registration Information Requi	red Below. Use this sec	ction to cancel y	our previou	is voter registration:		
	Previous Last Name	First Name		Middle Nan	ne(s)	Suffix	
9	N4	8					
	Previous Address			City		State	Zip Code
10							
	Previous Driver License Number and State			Previous Co	ounty	Date of Birt	(Required)
11							
Nou	ld you like to be a precinct election worker	on electionday?		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  *I will be 18 on or before the next election;  *I have not been judged mentally incompetent;			2	A Signature	Required	
	*I am not currently serving a sentence for	a felony conviction; and		05 31 2022			
	*I authorize cancellation of my previous re	egistration, if applicable.		Date:	onth / Day /	/ Year	
				IVIC	zitat / Day /	1	



#### South Dakota Voter Registration Form Pennington County

	Use this for	m to: Register to vot	e or report a n	ame, addre	ess or party change.		****	
	Please print. C	omplete the entire	form. Return 1	this form to	o your county audit	or.		
to v priv	deadline for voter registration is 15 days ote in the next election. Within 15 days y ate person or entity registering voters is w.sdsos.gov.	ou will receive a not	ice of your reg	istration. If	you do not, contact	your cou	nty auditor. Any	
Are	you a citizen of the United States of Ame	rica?		✓ Yes	No			
Will	you be 18 years of age on or before the	next election?		✓ Yes	No			
If yo	ou checked 'No' in response to either of t	hese questions, do n	ot complete th		VVIII			
	Last Name	First Name		Middle Na	me(s)/Initial		Suffix	
1	Murdock	Jerry		Daniel			Sr	
	Residence Address	*	Apt. or Lot#	City		State	Zip Code	
2	316 VILLA DR PMB 11558			BOX ELDER SD			57719-2023	
	Mailing Address (if different)			City	167	State	Zip Code	
3	316 VILLA DR PMB 11558			BOX ELDER SD			57719-2023	
	If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:							
3a								
	Date of Birth (Required)	Telephone Number	3		South Dakota Drive	r License I	Number (Required)	
	Month / Day / Year						4	
4	5	269-635-3907			941 g			
				6	If you do not have a			
	Choice of Party – See information in the box below:	Email Address		1	provide the last 4 d	igits of So	cial Security Number	
/	8	•						
	REPUBLICAN	L						
	ice of Party Information: If you are curre n your current party affiliation. If you are							
	n independent/no party affiliation voter,						ny you min oo emered	
Pre	vious Voter Registration Information Re	quired Below. Use th	nis section to c	ancel your	previous voter regi	stration:		
	Previous Last Name	First Name		Middle Name(s)			Suffix	
9	MURDOCK	JERRY		DANIEL			-	
	Previous Address			City		State	Zip Code	
10	3017 JOHNSON RD LOT 59			STEVEN	SVILLE	MI	49127	
	Previous Driver License Number and Stat	e		Previous C	County			
11	•			BERRIEI	V			
Wo	I uld you like to be a precinct election wor	ker on election day?		Yes	No			
Would you like to be a precinct election worker on election day?  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.  Date: 6/17/2021					HOUL			

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 2 2 2018



# South Dakota Voter Registration Form Fermination County

PENNINGTON CO AUDITOR

-	X		(April 19 )	
Ma	he this form to: Register to vote or repo	rt a name, address or party change.		
	se print. Complete the entire form. Re			CONTRACTOR OF THE PROPERTY OF
re to vote in the next election. \	t is 15 days before any election. Your Vithin 15 days you will receive a notice valers is required to provide you with ti	e of your registration. If you do not,	contact your	county auditor. Any
re you a citizen of the United State Vill you be 18 years of age on or be	fore the next election?	Yes Na Yes No		
you checked "No" on response to e	ither of these questions, do not complet	te třia form.		
Last Name	First Name	Maddie Name(s)/jet tsai		Suffix
Mitchell	Williama	michael		
Residence Address	Apt. or	Lat # City	State	Zip Code
316 Villa L	drive you	32 Box Elde	~ SD	57719
Maiing Address (iddlerent)		Kny z	State	266-27-20
202 Rains	ow Drive 10	232 Livingslov	St	多经
If Residence Address is a PO Bo	t, rural box, or general delivery, you mus	st give the location of your residence:		
às	*			
Date of Birth (Required)	Telephone Number	South Dakota Dr	iver License N	lumber (Required)
	1 1 1 - 10 -	1 1		
4	_ 15/205)369-5	678		
Month / Day / Year		at ten obvey h &	e a current S	O Driver License,
Choice of Party	Email Address	provide the lest	digets of Soc	iai Security Number
Republican	- mike mitels	11-346 OGWA	1. Co	m
se this section to cancel your pre	viaus voter registration. Previous Vate	r Registration Information Required,	il applicable:	
Previous Last Name	Fest Name	MiddleMane(s)		Suffee
Mittehell	William	Michael		of the same of the
Previous Address	1+	City	State	Zip Code
110 Est Ce	WTO-STIME 37	19 Madison	20	57042
Previous Driver License Humbe	r and State	Previous County	Date of 8=	rth (Required)
11		Vako		
1	Note of the Control o			1
Vould you like to be a precinct ele	tion worker on electionday?	Yes No		
I declare, under penalty of peri	ury (2 years in procurement and			
"I am a citizen of the United St	ales of America;	Otellen	MAR	CARL IV
12.1	resent entention of leaving the above ac	idress; Therefore	1.1.1.	herence
"I will be 18 on ar before the a		And the second s	dayan Dengin	
"There not been judged mental	olly incompetent; entence for a fellony conviction; and		dure Requires	
	previous registration, il applicable.	Date: 10 11	7 3	0/3
	#####################################	A & A A A A A A A A A A A A A A A A A A	0 Ata	2010 - National Patrick



#### South Dakota Voter Registration Form Pennington County

	Use this form	n to: Register to vot	e or report a n	ame, addre	ss or party ch	ange.	***	
	Please print. Co	omplete the entire	form. Return	this form to	your county	audit	or.	
to v priv	e deadline for voter registration is 15 days vote in the next election. Within 15 days yo vate person or entity registering voters is r	ou will receive a not	ice of your reg	istration. If	you do not, c	ontact	your cou	nty auditor. Any
	w.sdsos.gov.	-15		[ <del>-</del> 2]/	T N.			
	you a citizen of the United States of Ame			✓ Yes ✓ Yes	No			
	I you be 18 years of age on or before the r ou checked 'No' in response to either of th		at camplata th	Section 2	No			
ıı yı	Last Name	First Name	ot complete tr		me(s)/Initial		*******	Suffix
1	Hepburn	Betty		Ann				Private Strate
	Residence Address	L	Apt. or Lot #	City			State	Zip Code
2	316 VILLA DR PMB 10289			BOX ELDER SD			SD	57719-2023
	Mailing Address (if different)		•	City			State	Zip Code
3	316 VILLA DR PMB 10289			BOX ELI	DER		SD	57719-2023
n .	If Residence Address is a PO Box, rural bo	x, or general deliver	y, you must gi	ve the loca	tion of your re	esidend	e:	
3a	316 VILLA DR PMB 10289 BOX	ELDER SD 5771	9					
		Telephone Number	v		South Dakota	a Drive	r License	Number (Required)
4	Month / Day / Year 5			1				
		303-523-1206			ī			
	Choice of Party – See information in	Email Address		6	If you do not			r License, cial Security Number
100	the box helow:	citiali Address			provide the r	ast 4 u	igits of 50	cial security Number
	INDEPENDENT - 8							
	pice of Party Information: If you are curre	ntly registered to yo	ate and you lea	ve the choi	ce of party fie	eld blar	ak you w	ill remain registered
	h your current party affiliation. If you are r							
	an independent/no party affiliation voter,							
_	vious Voter Registration Information Req	uired Below. Use th	nis section to c	T		er regi	stration:	
9	Previous Last Name	First Name		Middle Na	me(s)			Suffix
3	HEPBURN	BETTY		ANN			3	
	Previous Address		W. 177.	City		-	State	Zip Code
10	2582 S XAVIER ST			DENVER	3		со	80219
	Previous Driver License Number and State	е		Previous C	County			
11	4			JEFFERS	ON			
Wo	I uld you like to be a precinct election work	er on election day?		Yes	No			
	I declare, under penalty of perjury (2 year \$4,000 fine), that:  *I am a citizen of the United States of Am  *I actually live at and have no present int  *I will be 18 on or before the next electio  *I have not been judged mentally incomp  *I am not currently serving a sentence for  *I authorize cancellation of my previous r	nerica; ention of leaving the n; netent; r a felony conviction	e above addres		Beff		Life Require	burn



Auditor use only. Agency code:

#### South Dakota Voter Registration Form Pennington County

		to: Register to vote or					
vote	deadline for voter registration is 15 days in the next election. Within 15 days you nity registering voters is required to provide	will receive a notice of	our form must by	be received n. If you do	by the county audito	unty auditor.	
Will	you a citizen of the United States of Americ you be 18 years of age on or before the ne u checked 'No' in response to either of thes	extelection?	mplete this form	Ų Yes ✓ Yes .	No No		
	Last Name	First Name	ANT WITH THE PARTY OF THE PARTY	Middle Nar	me(s)/Initial	Concession and August Service and August Services	Suffix
1	11FTTLER	CAROL			_		MRS
2	Residence Address 23752 AREWAI	) R.	Apt. or Lot#	City	OID City	State S_	Zip Code 57702
3	Mailing Address (if different)	TOTAL STATE OF THE		City	manuscrima a vita a statelo a acigi acaza a amagini. As escarea e e e	State	Zip Code
3a	If Residence Address is a PO Box, rural box	c, or general delivery, yo	ou must give the	location of y	our residence:		
4	Date of Birth (Required): Month / Day / Year ,	Telephone Number	3-7570	6	South Dakota Driver	· License Nur	mber(Required)
7	Choice of Party – See information in the box below:	(arol me	TELER3		If you do not have a provide the last 4 di		and the second s
curre indep	ce of Party Information: If you are current ent party affiliation. If you are not currentl pendent/no party affiliation voter, which is	tly registered to vote an ly registered to vote and s not a political party in	nd you leave the d you leave the c South Dakota.	choice of par choice of par	rty field blank, you wil	ll be entered	
Previ	ious Voter Registration Information Requi	red Below. Use this se	ection to cancel	your previou	us voter registration:		
9	Previous Last Name	First Name		Middle Nar	me(s)		Suffix
	Previous Address			City		State	Zip Code
10	4820 CHALKSTONE	EDR	*	RAP	10 City	SD	57701
11	Previous Driver License Number and State	!		Previous Co	ounty	Date of Birth	h (Required)
Wou	ld you like to be a precinct election worker	r on electionday?		Yes	No		
12	I declare, under penalty of perjury (2 years \$4,000 fine), that:  *I am a citizen of the United States of Ame *I actually live at and have no present inte *I will be 18 on or before the next election *I have not been judged mentally incompe *I am not currently serving a sentence for	erica; ention of leaving the abo n; etent; a felony conviction; and	d	L	Signature	Mutt	
	*I authorize cancellation of my previous re	egistration, if applicable	L.	Date:	0 Day /	/ 202 / Year	-( .

EXHIBIT 25919



#### 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.									
to v priv	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.									
Are	you a citizen of the United States of Am	er	ica?		Yes	No				
Will	you be 18 years of age on or before the	e n	ext election?		<b>✓</b> Yes	No				
lf yo	ou checked 'No' in response to either of	th	ese questions, do n	ot complete th	e form.	General				
	Last Name		First Name		Middle N	lame(s)/Initial		Suffix		
1	Blick		Suzanne		Julie					
	Residence Address			Apt. or Lot #	City		State	Zip Code		
2	23756 ARENA DR				RAPID	CITY	SD	57702		
	Mailing Address (if different)				City	7	State	Zip Code		
3	23756 ARENA DR				RAPID	CITY	SD	57702		
	If Residence Address is a PO Box, rural b	000	x, or general deliver	y, you must giv	e the loc	ation of your residence	e:			
3a										
Date of Birth (Required) Month / Day / Year  Telephone Number  South Dakota Driver License Number (Required)							Number (Required)			
1			650-888-4871					***		
-	Choice of Party – See information in	-	Email Address			6 If you do not have a		r License, cial Security Number		
	the hox helow:	8	~		v	provide the last 4 a	18113 01 30	ciar security rearrises		
	DEMOCRAT	۱				*				
Cho	ice of Party Information: If you are curr	rer	ntly registered to vo	te and you lea	ve the ch	oice of party field blar	nk, you wi	II remain registered		
	your current party affiliation. If you are						field blan	k, you will be entered		
	n independent/no party affiliation voter vious Voter Registration Information Re	_					tration:			
	Previous Last Name	$\neg$	First Name	iis section to c	Middle N		Stration.	Suffix		
9	Trevious East Maine		i ii st ivairie		ivildule iv	iame(s)		Sum X		
10	Previous Address				City		State	Zip Code		
	Previous Driver License Number and Sta				0 .		L			
11	-	ate	:		Previous	County				
Woi	uld you like to be a precinct election wo	rke	er on election day?	***************************************	Yes	No				
			<del></del>		hand	East				
	l declare, under penalty of perjury (2 ye \$4,000 fine), that:	ar	s imprisonment and	1		$\alpha$	-	フ·		
	*I am a citizen of the United States of A					2	<u></u>	~ II		
	*I actually live at and have no present ir *I will be 18 on or before the next electi			e above addres	s;	$\langle \rangle$				
	*I have not been judged mentally incom					Signatu	ıre Requir	ed		
	*I am not currently serving a sentence f	or	a felony conviction		AMERICA COM	0				
	*I authorize cancellation of my previous	s r	egistration, if applic	able.	Dat	e: 3/10/2020				

Voter Registration Application for

				1 /		~
Dated		Voter Signature:				
Ajumo		Birth Date	D	oriver license	питьст	
sejobA suoiva		City/Town			State	qiZ
†zs	First			əlbbiN		хітиг
ish to be registered as shown above. I w					will be cance	lled:
SCHOOLSENING STREET, S	89J Previous Voter I	Comm Cegistration Info	qidsnwoT SA notism	School	Other	<b>文学</b>
ard Precinct Water			- idamed	loodog	20410	Y
or county auditor's office use only:						
		Voter Signature:	<u> </u>		5	/'~
vill be 18 on or before the next election; ave not been judged mentally incompen m not currently serving a sentence for a penitentiary system.	npentent;	i bəbuləni dəidw noi	tnəmnosinqn,	t, served or s	suspended, in s	<u> </u>
m a citizen of the United States; ctually live at and have no present inten vill be 18 on or before the next election; ave not been judged mentally incompen m not currently serving a sentence for a penitentiary system.	intention of leaving tion; mpentent;	the above address;		t, served or s	suspended, in s	<u> </u>
eclare, under penalty of perjury (2 years m a citizen of the United States; ctually live at and have no present intenvill be 18 on or before the next election; ave not been judged mentally incompen m not currently serving a sentence for a penitentiary system.	years imprisonment intention of leaving tion; mpentent;	the above address;	:n			
ase register me as a member of the eclare, under penalty of perjury (2 years m a citizen of the United States; ctually live at and have no present intensive 18 on or before the next election; ave not been judged mentally incompen m not currently serving a sentence for a m not currently strving a sentence for a most currently strving a sentence for a most currently strving a sentence for a most currently serving a sentence for a most currently serving a sentence for a most currently structure.	the REP inprisonment intention of leaving	UBLICAM Party. the above address;	r: 	enimes) EOC	d) Phone Mu	
ase register me as a member of the eclare, under profit of the United States; m a citizen of the United States; clusily live at and have no present intenvill be 18 on or before the next election; ave not been judged mentally incompen m not currently serving a sentence for a most currently serving a sentence for a penitentiary system.	ver license, you must gring intention of leaving stion;	UBLICAM Party. the above address;	r: 	enimes) EOC	d) Phone Mu	
th Dakota Driver License Number Require to not nave a valid South Dakota driver license register me as a member of the sase register me as a member of the United States; ma citizen of the United States; or a citizen of the United States; will be 18 on or before the next election; ave not been judged mentally incompen m not currently serving a sentence for a most currently serving a sentence for a penitentiary system.	ver license, you must gring intention of leaving stion;	UBLICAM Party. the above address;	r: 	enimes) EOC	d) Phone Mu	
th Dakota Driver License Number Require to not nave a valid South Dakota driver license register me as a member of the sase register me as a member of the United States; ma citizen of the United States; or a citizen of the United States; will be 18 on or before the next election; ave not been judged mentally incompen m not currently serving a sentence for a most currently serving a sentence for a penitentiary system.	ver license, you must gring intention of leaving stion;	UBLICAM Party. the above address;	r: 	enimes) EOC	d) Phone Mu	
aidence address is a post office box or general to previous name, if changed:  th Dakota Driver License Number Requeste register me as a member of the leclare, under penalty of perjury (2 years me a citizen of the United States; under penalty of perjury (2 years as etitizen of the United States; under gand have no present intenvilly live at and have no present intenvilly live at and have no present intenvilly live at an or before the next election; used not been judged mentally incompentation of currently serving a sentence for a penitentiary system.	Required:  the REP imprisonment grons; ston; mpentent;	nst give the location of ive the last four digits of the and \$4,000 fine), the above address;	I. Lour social sc	ecurity numbe	et) d) Phone Mu	шрет
756 ARENA DR PMB 2585  if previous name, if changed:  th previous name, if changed:  th Dakota Driver License Number Requested not not nave a value South Dakota driver license. United States;  ase register me as a member of the lection;  as citizen of the United States;  an a citizen of the United States;  an a citizen of the United States;  will be 18 on or before the next election;  vill be 18 on or before the next election;  vill be 18 on or before the next election;  the mot currently serving a sentence for a most content intention of the service of t	Required:  the REP imprisonment grons; ston; mpentent;	ive the last four digits of UBLICAM Party. The above address; in above address;	I. Lour social sc	ecurity numbe	et) Phone Mu	
ng Address (if different)  756 ARENA DR PMB 2585  sidence address is a post office box or general if previous name, if changed:  th Dakota Drivet License Number Requeste root not neve a vana South Dakota driver license Cutally live at and have no present intense etitzen of the United States;  as citizen of the United States;  as of titzen of the United States;  will be 18 on or before the next election;  vill be 18 on or before the next election;  tedare, under penalty of perjuny (2 years  elsiet, under penalty of perjuny (2 years  to not neve a vana South Dakota driver license in the service of the	Eneral delivery, you may green imprisonment the REP intention of leaving stion; mprisonment may green intention of leaving stion; mpentent;	City/Town  RAPID CITY  The above address;  The last four digits of the last fo	I. Lour social sc	ecurity numbe	a) Phone Muse Muse Muse Muse Muse Muse Muse Mus	Zip S7702-730
idence address is a post office box or general to previous name, if changed:  The Dakota Driver License Mumber Requested nor nerve a vang South Dakota driver license register me as a member of the United States; ma citizen of the United States; cutally live at and have no present intenvill be 18 on or before the next election; aver not been judged mentally incompen m not currently serving a sentence for a most cutrently serving a sentence for a penitentiary system.	City/ cretal delivery, you may great imprisonment the REP intention of leaving stion; mpentent;	City/Town RAPID Cify and \$4,000 fine), the above address; the above ad	I. Lour social sc	ecurity numbe	SIRIC SIRIC SIRIC (21)	Zip 57702-730

County \_

Pennington

and the second s						
Last	First		Middle			Suffix
STEWART	DAV	AD.	RAY			SR
Residence Address	City/To	wn		State		Zip
23756 ARENA DR PMB #14187	RAP	APID CITY			)	57702-7302
Mailing Address (if different)	CO-Manufacture Manufacture	City/Town	angellangen er fertenge	State		Zip
23756 ARENA DR PMB #14187		RAPID CITY		SC	)	57702-7302
If residence address is a post office box or general d	elivery, yo	ou must give the location of	your residen	e:		
Print previous name, if changed: DAVID	adir-citi-pitti-ditapiti	RAY	STEWAL	T		
Drivers License Number Required:					State of D	L Issue
gut you do not nave a vaud unver license, you must g	give the las	st four digits of your social	security numb	er)	SD	
			DOB (Requ	ired)	Phone Nu	mber
Please register me as a member of the	REPUI	BLICAN Party.			817 52	8 6978
· I declare, under penalty of perjury (5 years in	nprisonn	nent and \$5,000 fine), th	at:	25-04	and the different liberty library.	
I am a citizen of the United States;						
I maintain my home at the above address;						
• I will be 18 on or before the next election;						
· I have not been judged mentally incompenter		-1 st 1 tot to 1 do 12				
<ul> <li>I am not currently serving a sentence for a fe adult penitentiary system.</li> </ul>	lony con	viction which included t	mprisonmen	t, seri	ed or sus	pencea, m an
<ul> <li>I authorize cancellation of my previous regis</li> </ul>	tration of	surittan halom				
Dated	Wallon as	Voter Signature:				
12/20/2005		-	2	بسديني	di	Santo Paradelli
For county auditor's office use only:				-	-	Α
Ward Precinct Water	- Leg	Comm	Township		School	Other
		n kan varnom i svoj svoja svoj svoja s				
I wish to be registered as shown above. I was			nome and a	ddree	which u	rill be cancelled:
	First	SPOTER MYTH THE TAND MENT	Middle	40103	3 WILLOW W	Suffix
	DAVID	No.	RAY		1	SR
Previous Address	DATE OF	City/Town	1441	State		Zip
5708 ENSIGN DR EAST	1	FORT WORTH		TX		76119
County		Birth Date	Driver licer	se nun	nber	
TARRANT						
Dated 12/20/2005	1	Voter Signature:	-		M	
		-Parket-co-ta-la-Parket-la-kan-la-kan-la-kan-la-kan-la-kan-la-kan-la-kan-la-kan-la-kan-la-kan-la-kan-la-kan-la				

PENNINGTON CO. AUDITOR

COAL

Voter Registration Application for Pennington

County

			ACCUPANT TO A STATE OF THE STAT							
Last	First		Middle	7	Suffix					
COX	VALER	IE	EDWI	NA						
Residence Address	City/Town			State	Zip					
23756 ARENA DRIVE PMB B22054	RAPID	CITY		SD	57702-7302					
Mailing Address (if different)		City/Town		State	Zip					
23756 ARENA DRIVE PMB B22054		RAPID CITY		SD	57702-7302					
If residence address is a post office box or general delivery.	, you must give	the location of your re	sidence:							
Print previous name, if changed: VALERIE			COX							
South Dakota Driver License Number Required:										
f you do not have a valid South Dakota driver license, you must give the last four digits of your social security number)										
	The same of the sa		DOB (Requi	red) Phone Nu	mber					
Please register me as a member of the	REPUBLI	CAN Party.		05 4	84 1161					
• I declare, under penalty of perjury (5 years imprise										
• I am a citizen of the United States;										
• I maintain my home at the above address;										
<ul> <li>I will be 18 on or before the next election;</li> </ul>										
<ul> <li>I have not been judged mentally incompensent;</li> </ul>										
• I am not currently serving a sentence for a felony of	conviction wh	nich included imprise	onment, served o	r suspended, in a	n					
adult penitentiary system.	12									
Dated	Vote	r Signature:			- Av					
10/05/2007				1001-	ا سا					
10/03/2007			)	ج ، ۔ ، ج	Car.					
			deer	eere	0,0					
For county suditor's office use only:										
•										
					A					
Ward Precinct Water Leg		1000000	vnship School							
	phon was									
Turich to be seed to all our shows the same the same that a		- 4 C-11		. L	1					
I wish to be registered as shown above. I was last re Last	First	i me tonowing name	Middle	will be cance.	Suffix					
			Middle		Sumx					
COX	VALERIE			T-2	ļ					
Previous Address	City	Town	477	State	Zip					
13037 TIMBER LANE		PID CITY		SD	57702					
County		h Date	Driver licens		27704					
PENNINGTON	-"	5500(557)								
1 22 11 1111 0 1 0 1 1										
Dated	Vot	er Signature:								
Dance.										
				, <	- 0					
10/05/2007		9	na oon	0006	5 Cox					
		9.		-						
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Auditor use only. Agency code:

#### 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 county in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor or entity registering voters is required to provide you with their contact information. For more information, visit www.sdsos.gov.  Are you a citizen of the United States of America?  Will you be 18 years of age on or before the next election?  If you checked 'No' in response to either of these questions, do not complete this form.  Last Name  First Name  Middle Name(s)/Initial  Apt. or Lot # City  State  2 23756 ARema DR  If Residence Address (if different)  If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:  3 23756 ARema DR	
The deadline for voter registration is 15 days before any election. Your form must be received by the county auditor by this vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor or entity registering voters is required to provide you with their contact information. For more information, visit www.sdsos.gov.  Are you a citizen of the United States of America?  Will you be 18 years of age on or before the next election?  If you checked 'No' in response to either of these questions, do not complete this form.    Last Name	Suffix Zip Code
vote in the next election. Within 15 days you will receive a notice of your registration. If you do not, contact your county auditor or entity registering voters is required to provide you with their contact information. For more information, visit www.sdsos.gov.  Are you a citizen of the United States of America?  Will you be 18 years of age on or before the next election?  If you checked 'No' in response to either of these questions, do not complete this form.  Last Name  First Name  Middle Name(s)/Initial  Residence Address  Apt. or Lot # City  Mailing Address (if different)  Mailing Address (if different)  If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:	Suffix Zip Code
Will you be 18 years of age on or before the next election?  If you checked 'No' in response to either of these questions, do not complete this form.  Last Name  First Name  Middle Name(s)/Initial  First Name  Apt. or Lot # City  State  Apt. or Lot # City  Mailing Address (if different)  Mailing Address is a PO Box, rural box, or general delivery, you must give the location of your residence:	Zip Code 57702
If you checked 'No' in response to either of these questions, do not complete this form.  Last Name  First Name  Middle Name(s)/Initial  First Name  Apt. or Lot # City  State  2 23756 AReuA DR-  Mailing Address (if different)  Mailing Address is a PO Box, rural box, or general delivery, you must give the location of your residence:	Zip Code 57702
Last Name    First Name	Zip Code 57702
Residence Address  Residence Address  Apt. or Lot # City  State  2 23756 AReuA DR-  Mailing Address (if different)  City  State  3 73756 AReuA DR  If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:	57702
Residence Address  Apt. or Lot # City  State  2 23756 AREMA DR-  Mailing Address (if different)  Mailing Address (if different)  City  State  State  State  State	57702
Mailing Address (if different)  City  State  3 73756 ARend DR  If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:	
3 Z3756 ARENT DR If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:	Zip Code
If Residence Address is a PO Box, rural box, or general delivery, you must give the location of your residence:	
Date of Birth (Required): Month / Day / Year  Telephone Number  6 South Dakota Driver Lieure 1	ber(Required)
605-415-3629	
Choice of Party – See information in the box below:  Email Address  If you do not have a current SI provide the last 4 digits of Soc	
Rep einerpritann 3906 mmix	
Choice of Party Information: If you are currently registered to vote and you leave the choice of party field blank, you will remain current party affiliation. If you are not currently registered to vote and you leave the choice of party field blank, you will be entered 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:	
Previous Last Name First Name Middle Name(s)	Suffix
9 PRITZIXAIN ELMEN J-	
Previous Address City State	Zip Code
10 Zorfy Promise RD. RAPID COTY SD	5771
	rth (Required)
11 Penningte	and the second s
Would you like to be a precinct election worker on electionday?  Yes  No	
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.  Date: 10   3   3   3   3   3   3   3   3   3	

Voter Registration	Application for	Pennington	County
	7 7		The second secon

Last	First		Middle			Suffix
WEEKS	JAMES			JR		
Residence Address	City/Town			State		Zip
23756 ARENA DR PMB 2530	RAPID	CITY		SD	)	57702-7302
Mailing Address (if different)		City/Town	H-1-120 CH-10037	State		Zip
23756 ARENA DR PMB 2530		RAPID CITY		SD	)	57702-7302
If residence address is a post office box or general delivery,	you must giv	e the location of your resider	ice:			
Print previous name, if changed: JAMES		ARTHUR	WEEKS			
South Dakota Driver License Number Required:						
(11 you go not nave a valid South Dakota driver license, you	must give the	last four digits of your socie	d security numb	(190		
			DO" 'Require	ed)	Phone Num	ber
Please register me as a member of the	NDEPEN	DENTParty.			712 49	0 0837
· I declare, under penalty of perjury (5 years imprisor		The second secon				
• I am a citizen of the United States;		Yan ≢er artigation et illiano et il makere artigo				
<ul> <li>I maintain my home at the above address;</li> </ul>						
<ul> <li>I will be 18 on or before the next election;</li> </ul>						
<ul> <li>I have not been judged mentally incompentent;</li> </ul>						
• I am not currently serving a sentence for a felony of	onviction w	hich included imprisonm	ent, served or	suspe	nded, in an	(
adult penitentiary system.						
Dated	Vote	er Signature:				
Ducu	1 ***				,	
08/29/2007	Í		11.			bo
			41/	1.	111	100
7			1 10			/
E 201 PV						
For county auditor's office use only:						
	200					4
Ward Precinct Water Leg	C	omm Townsh	ip School	Otl	ner	
Previous V	oter Regi	stration Information	Required			
I wish to be registered as shown above. I was last re	gistered wit	th the following name and	address which	h will	be cancell	ed:
Last F	irst	9	Middle			Suffix
WEEKS J	<b>AMES</b>		ARTHUR		1	
Previous Address	Cit	y/Town		State		Zip
907 WINFIELD CR	SE	RGEANT BLUFF		ĪΑ		51054
County		th Date	Driver ficense	_	er	
WOODBURY					Tax Matterson 1	
	Vo	eter Signature:	•			
Dated	} ,				-1	
			71	2		epo
08/29/2007			410	1	10	epo
e		0	,			/
<del></del>						

#### South Dakota Voter Registration Form Pennington County

Use this form to:

Register to V	ote/



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

1279.5489	Are you a citizen of the United State	andres accept		Yes	2000	No 🗍		
	Will you be 18 years of age on or be					No 🗎		
43.60	If you checked 'No' in response to e							
-	Last Name	(death in t	Se de Company of the last of t			t Name	MI/Name	Suffix
	Chris Fianson Residential Address					Tyanita	m	
2	Residential Address			Apt or Lot#	City	6	State	Zip
-								
	23756 Aren	·+ (	Dr.		#	TAPIN City	SD	5-7702
3	Mailing Address (if different)				City		State	Zip
	Same							
1	Print previous name, if changed:							
3a	Birth Date (Required)		Telephone Number	or	Т	South Dakota Driver License Nu	mher (Requi	red)
4	Billi Date (Required)	5	relephone Number	31		Joduit Dakota Dilver License Nu	incer (itequi	ica,
			1 11 201	2.50.4				
	Month / Day / Moor		605-381-	3301	6			
Н	Month / Day / Year Choice of Party	Н	Email Address		┤゜	If you do not have a SD Driver Licen	se, provide the	last 4 digits of
7		8	juanitae 72	6- Congilia	)Vm	your Social Security Number		
	Independent	1	Jaanna	- C. /	1'		*	
	Use this section to cancel your p	ravi	ดเรียงสอดเรียกเรียก	ation Previo	iie v		mired If se	olicable:
13/5/	Previous Last Name			n la brian de la filla de la filla	da de la composición	t Name		MI/Name
9	Christianson							127
H	Previous Address				City	Juanita	State	Zip
	3410 Corral J			e	7	Maji d Co. Leg vious County	SD	57702
	Previous Driver License Number ar	nd S	tate		Pre	vious County (	Date of E	Birth (Required)
11								
	Would you like to be a precinct e	lect	ion worker on Ele	ection Day?		Yes No No		
	l declare, under penalty of perjury (2 ye	ars i	mprisonment and \$4	000 fine), that:			ACCOUNT OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRES	
	* I am a citizen of the United States of A							
	* I actually live at and have no present i		tion of leaving the at	oove address;				
12	* I will be 18 on or before the next electi	ALIECTAY IS			1	Quanta ACh	· · · · · · · · · · · · · · · · · · ·	and some I
12	Thave not been judged mentally incom			شد	3	Suamed MM	riella	The state of the s
	* I am not currently serving a sentence * I authorize cancellation of my previous					//		
	r admonze cancellation of my previous	reg	ізпацоп, іг арріісарі	Б.		Signature Requi		. /
				an adde Arminis pagaran a sin add distribution	TANKE NO.	Date: <u>09</u> 13	0 1.20	16

Return this application to:

Phone: 394-2153 www.pennco.org

#### South Dakota Voter Registration Form Pennington County

Use this form to:

A			
*	Register	to Vote	

<b>A</b>
7

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.

Parameter S	Are you a citizen of the United States of America?	N WELDWARD COLCAR		ation visit wv	vw.susos.gov		
00 Table	[18] 《《···································	Yes	No _				
?		Yes	No 🗌				
1	If you checked 'No' in response to either of these questions, do not a Last Name	No. of Concession, Name of Street, or other Designation, or other	e this form st Name	MI/Name	Suffix		
1					Julia		
	Stephenson	,	John	K			
2	Residential Address Apt or Lot	# Cit	У.	State	Zip		
	23756 Arena Dr	15	D . 1 @:1				
	23/36 ATENA DI	/	Rapid City	SD	57702		
				0.0			
3	Mailing Address (if different)	Cit	V	State	Zip		
					1		
3a	Print previous name, if changed:						
Ja	Birth Date (Required) Telephone Number	<del></del>	South Dakota Driver License Nu	mher (Requir	red)		
4	5		Journal Prival Electrica No.	mooi (itoquii	,		
	- 605-381-3838	-					
	Month / Day / Year	6					
	Choice of Party Email Address	$\dashv$ $^{\circ}$	If you do not have a SD Driver Licer	nse, provide the	last 4 digits of		
7	2 8 8		your Social Security Number	70	× .		
	The state of the s						
	Use this section to cancel your previous voter registration. Pre	vious v	្រីស្រុកស្រីស្រែស្រាល់កាន់ស្រែសិ		olicable:		
17.000	Previous Last Name	- All Mind and all and	st Name		MI/Name		
9	į.						
	Previous Address	Cit	/ 0.1	State	Zip		
10	3410 Corral Dr	Ĵ	Rujid City	5D	57702		
	Previous Driver License Number and State	Pre	vious County	Date of B	irth (Required)		
11			97				
L	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), the	at:					
	* 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,		1 1			
12	* I will be 18 on or before the next election;		Dolu K. XI	toolien	a.		
	* I have not been judged mentally incompetent;			y mi			
	* I am not currently serving a sentence for a felony conviction; and  * I authorize cancellation of my previous registration, if applicable.		<u>/</u>				
	registration, it applicable.		Signature Requi				
L			Date: <u>09</u> 1_3	30 120	16		

Return this application to:

Phone: 394-2153 www.pennco.org



#### 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.								
Are you a citizen of the United States of Am	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 for	m.					
Last Name	First Name	•	Middle Name(s)/Initial		Suffix			
Apolinario	Divina		Javilagon	<u> </u>	<u> </u>			
Residence Address		Apt. or Lot #	City	State	Zip Code			
41 W HIGHWAY 14 PMB 461			SPEARFISH	SD	57783-1148			
Mailing Address (if different)			City	State	Zip Code			
41 W HIGHWAY 14 PMB 461			SPEARFISH	SD	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:								
Date of Birth (Required) 5 Month / Day / Year	Telephone Number 6 310-619-0201			The specific of the specific o	on-Driver ID #(Required)			
Choice of Party – See information in the box below:	Email Address 9			t have a current SD last 4 digits of Socia	DL or SD Non-Driver ID, I Security Number			
Choice of Party Information: If you are current party affiliation. If you are not currently register affiliation voter, which is not a political party in	red to vote and you leav							
Previous Voter Registration Information Regul	red Below. Use this sec	tion to cancel you	ır previous voter registra	tion:				
Previous Last Name 10	First Name		Middle Name(s)		Suffix			
Previous Address 11			City	State	Zip Code			
Previous Driver License Number and State 12			Previous County					
13 Would you like to be a precinct election wo	rker on election day?		Yes	No				
\$4,000 fine), that:  *I am a citizen of the United States of A *I actually live at and have no present	*I am a citizen of the United States of America; *I actually live at and have no present intention of leaving the above addre							
*I have not been judged mentally inco	*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: 6/23/2023							



## 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.							
ne	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.							
	Are you a citizen of the United States of Ameri	ca?		¥Yes	No			
1	Will you be 18 years of age on or before the ne	ext election?		✓Yes	No	and the second second		
7.5	If you checked 'No' in response to either of the	ese questions, do not	complete the for	m				
2	Last Name	First Name		Middle Name(s)/Initial	en and en en en Seglen	Suffix		
	Мс Кау	Christopher		Quain		Braches Lyn		
	Residence Address		Apt. or Lot #	City	State	Zip Code		
0	41 W HIGHWAY 14 PMB 1877			SPEARFISH	SD	57783-1148		
7	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:							
4	41 W HWY 14 PMB 1877 SPEARFISH SD 57783							
Date of Birth (Required)  Telephone Number  SD Driver License (DL) # or SD Non-Driver ID #(Required)  Month / Day / Year  575-494-0855						n-Driver ID #(Required)		
8	Choice of Party – See information in the box below:  9 REPUBLICAN	Email Address		provide the last 4 dig		Additional development of a substitute step of the folial of		
pai	oice of Party Information: If you are currently rety affiliation. If you are not currently registered liation voter, which is not a political party in So	to vote and you leave		ाध्या pice of party field blank, you will re	main regist	ered with your current		
Pre	vious Voter Registration Information Required	Below. Use this sect	ion to cancel you	r previous voter registration:	Andrew Server			
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 worke	r on election day?		Yes	No			
14	I declare, under penalty of perjury (2 year \$4,000 fine), that: *I am a citizen of the United States of Am *I actually live at and have no present int: *I will be 18 on or before the next electio *I have not been judged mentally incomp	erica; ention of leaving th n;		Iress; Signature Required				
*I authorize cancellation of my previous registration, if applicable.  Date: 6/23/2023								



## Lawrence County

1									
	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.								
nex	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.								
1658.00	Are you a citizen of the United States of Ameri	ca?		Yes	No .				
1	Will you be 18 years of age on or before the no		<b>✓</b> Yes	No					
HARTAN.	If you checked 'No' in response to either of the	ese questions, do not o	complete the form	n.					
	Last Name	First Name		Middle Name(s)/initial		Suffix			
2	Mc Kay	Lindsey		Marie Masters	in the second	4 . v .			
100000	Residence Address		Apt. or Lot #	City	State	Zip Code			
ieneku. <b>M</b>	41 W HIGHWAY 14 PMB 1877			SPEARFISH	SD	57783-1148			
	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  Telephone Number  SD Driver License (DL) # or SD Non-Driver ID #(Required)  575-494-0096								
8	Choice of Party – See information in the box below:  REPUBLICAN	Email Address		If you do not have a c provide the last 4 dig		Sec. Mark 1220 Medical Sec. 2012 Sec. 2012 Sec. 2012 Sec. 2013			
par	oice of Party Information: If you are currently r ty affiliation. If you are not currently registered liation voter, which is not a political party in So	to vote and you leave							
Pre	vious Voter Registration Information Required	Below, Use this sect	on to cancel you	r previous voter registration:					
10	Previous Làst 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 worke	r on election day?		Yes	No				
Section of the sectio		erica; ention of leaving th			//				
*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.  Date: 6/23/2023									



#### 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.							
ne	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.							
188	Are you a citizen of the United States of Ameri	ca?		<b>∠</b> Yes	No			
1	Will you be 18 years of age on or before the n	ext election?		¥Yes	No	entinetare La companya		
	If you checked 'No! in response to either of the	ese questions, do not o	complete the form	m				
3	Last Name	First Name		Middle Name(s)/Initial	The second of th	Suffix		
2	Wagner	ווונע		Aline	er en	vi i i i		
	Residence Address		Apt. or Lot#	City	State	Zip Code		
3	41 W HIGHWAY 14 PMB 2119			SPEARFISH	SD	57783-1148		
	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 (OL) # or SD Non-Driver ID #(Required)  612-615-4229							
8	Choice of Party – See information in the box below:  No Party Affiliation*	Email Address		provide the last 4 dig		g a complete the should be additioned account to the second research to the second		
par	pice of Party Information: If you are currently rety affiliation. If you are not currently registered liation voter, which is not a political party in So	to vote and you leave		pice of party field blank, you will re	main regist	ered with your current		
Pre	vlous Voter Registration Information Required	l Below. Use this sect	ion to cancel you	r previous voter registration:	er Graffiel i in			
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 worke	r on election day?		Yes	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							
SKWIEBIKE	*I authorize cancellation of my previous registration, if applicable.  Date: 8/15/2023							



#### Lawrence County

1	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.							
ne	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.							
1	Are you a citizen of the United States of Ameri Will you be 18 years of age on or before the ne	ext election?	✓Yes ✓Yes	No No				
2	If you checked 'No' in response to either of the Last Name Foss	First Name Patrick	complete the for	m. Middle Name(s)/Initial Brian		Suffix		
3	Residence Address 41 W HIGHWAY 14 PMB 366		Apt. or Lot#	City SPEARFISH	State SD	Zip Code 57783-1148		
4:	Mailing Address (if different) 41 W HIGHWAY 14 PMB 366			City SPEARFISH	State 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							
5 5	Date of Birth (Required) Month / Day / Year  207-653-9384							
(TTY)	Choice of Party – See information in the box below:  DEMOCRATIC	Email Address		provide the last 4 dig		and characteristical and in the set of the special control of CEE and a set of the set o		
раг	oice of Party Information: If you are currently r ty affiliation. If you are not currently registered liation voter, which is not a political party in So	to vote and you leave	you leave the cho the choice of pa	oice of party field blank, you will re rty field blank, you will be entered	main regist as an Inde	ered with your current pendent/no party		
Pre	vious Voter Registration Information Required	l Below. Use this sect	ion to cancel you	r previous voter registration:				
10	Previous Last Name	First Name		Middle Name(s)		Suffix		
11	Previous Address			City GORHAM	State ME	Zip Code		
12	Previous Driver License Number and State - ME			Previous County  CUMBERLAND				
13	Would you like to be a precinct election worke	r on election day?"		Yes	No			
	I declare, under penalty of perjury (2 year \$4,000 fine), that: *I am a citizen of the United States of Am *I actually live at and have no present into *I will be 18 on or before the next election	erica; ention of leaving the		are Requir				
BENTRAL TOTAL	*I have not been judged mentally incomp *I am not currently serving a sentence for *I authorize cancellation of my previous r	etent; a felony conviction	Date: 6/22/2023					



### 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.								
nex	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.								
	Are you a citizen of the United States of America?				✓Yes		No		
1	Will you be 18 years of age on or before the	e n	ext election?		✓Yes		No		
	If you checked 'No' in response to either of	the	ese questions, do not c	complete the forr	n.				
2	Last Name		First Name		Middle Name(s)/Initial			Suffix	
2	Clark		Jessica		Ann				
	Residence Address			Apt. or Lot #	City		State	Zip Code	
3	5013 S LOUISE AVE UNIT 902				SIOUX FALLS		SD	57108-2268	
	Mailing Address (if different)				City		State	Zip Code	
4	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:								
Date of Birth (Required) Month / Day / Year Privacy  Date of Birth (Required) Month / Day / Year  6 616-856-6050  Telephone Number  6 Privacy  Privacy				on-Driver ID #(Required)					
8	Choice of Party – See information in the box below: REPUBLICAN	9	Email Address	mail Address			If you do not have a current SD DL or SD Non-Driver ID, provide the last 4 digits of Social Security Number		
par	bice of Party Information: If you are current ty affiliation. If you are not currently registe liation voter, which is not a political party in	rec	to vote and you leave		· ·		_	-	
Pre	vious Voter Registration Information Requ	ire	d Below. Use this secti	ion to cancel you	r previous voter registr	ation:			
10	Previous Last Name		First Name		Middle Name(s)			Suffix	
4.4	Previous Address				City		State	Zip Code	
11					ROCKFORD		MI		
4.0	Previous Driver License Number and State				Previous County				
12	- MI				KENT				
13	Would you like to be a precinct election wo	rke	er on election day?		Yes		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 past election:							red	



#### 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.								
nex	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.								
	Are you a citizen of the United States of America?				Yes			No	
1	Will you be 18 years of age on or before the	e n	ext election?		Yes		No		
	If you checked 'No' in response to either of	the	ese questions, do not c	omplete the forr	n.				
2	Last Name		First Name		Middle Nar	me(s)/Initial		Suffix	
2	Hunter		Zaneta						
_	Residence Address			Apt. or Lot #	City		State	Zip Code	
3	5013 S LOUISE AVE PMB 203				SIOUX FA	ALLS	SD	57108-2268	
	Mailing Address (if different)				City		State	Zip Code	
4	5013 S LOUISE AVE PMB 203				SIOUX FA	ALLS	SD	57108-2268	
	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 Privacy	Telephone Number  SD Driver License (DL) # or SD Non-Driver ID #(Require 501-769-3387			n-Driver ID #(Required)				
	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				
par affi	vice of Party Information: If you are current ty affiliation. If you are not currently registe liation voter, which is not a political party in	rec So	l to vote and you leave uth Dakota.	the choice of pa	rty field bla	nk, you will be entered			
Pre	vious Voter Registration Information Requ	ire		on to cancel you		-		c tt:	
10	Previous Last Name		First Name		Middle Nar	ne(s)		Suffix	
11	Previous Address				City		State	Zip Code	
12	Previous Driver License Number and State -				Previous Co	ounty			
13	Would you like to be a precinct election wo	rke	er on election day?		Yes		No		
14	Would you like to be a precinct election worker on election day?  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 addres  *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: 8/1/2023			



#### 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.							
nex	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.							
	Are you a citizen of the United States of America?			<b>✓</b> Yes		No	0	
1	Will you be 18 years of age on or before the	e ne	ext election?		Yes		No	
	If you checked 'No' in response to either of	the	ese questions, do not c	omplete the form	n.			
2	Last Name		First Name		Middle Na	me(s)/Initial		Suffix
2	Wolfson		Jay		Kenneth			
2	Residence Address			Apt. or Lot #	City		State	Zip Code
3	5013 S LOUISE AVE PMB 838				SIOUX F	ALLS	SD	57108-2268
	Mailing Address (if different)			•	City		State	Zip Code
4	5013 S LOUISE AVE PMB 838				SIOUX F	ALLS	SD	57108-2268
	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 Privacy	6	Telephone Number  SD Driver License (DL) # or SD Non-Driver ID #(Requirements)  602-291-6057  Privacy			n-Driver ID #(Required)		
8	Choice of Party – See information in the box below:  No Party Affiliation*	9	Email Address	Email Address 7 If you do not have a curren provide the last 4 digits of 9				
par	oice of Party Information: If you are currently ty affiliation. If you are not currently register liation voter, which is not a political party in	red	I to vote and you leave					
Pre	vious Voter Registration Information Requi	rec	Below. Use this secti	on to cancel you	r 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 C	County		
13	Would you like to be a precinct election wo	rke	r on election day?		Yes		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 addres				Signature Required  Date: 8/8/2023			



#### 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.							
nex	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.							
	Are you a citizen of the United States of America?				<b>✓</b> Yes		No	
1	Will you be 18 years of age on or before the	e n	ext election?		Yes		No	
	If you checked 'No' in response to either of	the	ese questions, do not c	omplete the form	n.			
_	Last Name		First Name		Middle	Name(s)/Initial		Suffix
2	Wolfson		Pamela		Ann			
	Residence Address			Apt. or Lot #	City		State	Zip Code
3	5013 S LOUISE AVE PMB 838				SIOUX	FALLS	SD	57108-2268
	Mailing Address (if different)				City		State	Zip Code
4	5013 S LOUISE AVE PMB 838				SIOUX	FALLS	SD	57108-2268
	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 Privacy	Telephone Number  SD Driver License (DL) # or SD Non-Driver ID #(Require 602-369-7404				n-Driver ID #(Required)		
	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			
par affi	ty affiliation. If you are current ty affiliation. If you are not currently registel liation voter, which is not a political party in	rec So	to vote and you leave uth Dakota.	the choice of pa	rty field	blank, you will be entered		
Pre	vious Voter Registration Information Requi	ire		on to cancel you	<u> </u>	-		
10	Previous Last Name		First Name		Middle	Name(s)		Suffix
11	Previous Address				City		State	Zip Code
12	Previous Driver License Number and State -				Previou	s County		
13	Would you like to be a precinct election wo	rke	r on election day?		Yes		No	
14	Would you like to be a precinct election worker on election day?  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 addres  *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.					Signatu te: 8/8/2023	ıre Requir	ed



#### 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.								
	Are you a citizen of the United States of Am		<b>✓</b> Ye	<b>V</b> Yes No				
1	Will you be 18 years of age on or before the next election?				<b>V</b> Yes 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		State	Zip Code
	5013 S LOUISE AVE PMB 1087				SIOUX FALLS SD		SD	57108-2268
4	Mailing Address (if different)		City State		State	Zip Code		
	5013 S LOUISE AVE PMB 1087				SIOUX FALLS SD		SD	57108-2268
	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 Privacy	6	Telephone Number  SD Driver License (DL) # or SD Non-Driver ID #(Relative Number)  850-162-5324  Privacy					on-Driver ID #(Required)
	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 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	revious Last Name First Name				Middle Name(s)			Suffix
11	Previous Address				City		State	Zip Code
	1				PANACEA		FL	
12	Previous Driver License Number and State				Previous County			
	- FL				WAKULLA			
13	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:  *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.  Date: 8/9/2023							