



LOS ANGELES COUNTY
REGISTRAR-RECORDER/COUNTY CLERK

DEAN C. LOGAN

Registrar-Recorder/County Clerk

COMBINED ROSTER

The combined roster shows who voted at their designated polling place on election day, and is used to obtain the voter's voting history information. The combined rosters are retained for a period of five years, and are then discarded.

PRESERVATION OF ROSTERS OR COMBINED ROSTERS AND INDEXES CALIFORNIA ELECTIONS CODE SECTION 17300(A): The elections official shall preserve all rosters of voters or combined rosters and indexes as provided for in Section 14109, if applicable, until five years after the date of the election, after which they may be destroyed by that official.

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES)

I, Dean C. Logan, Registrar-Recorder/County Clerk of the County of Los Angeles, State of California, do hereby certify that the following voted information is on file at the Registrar-Recorder/County Clerk office:

VOTER'S NAME: JENNIFER ELI BARBOSA
RESIDENCE ADDRESS: LOS ANGELES, CA 90038
DATE OF BIRTH: 11/07/1973
PARTY: REPUBLICAN
REGISTRATION STATUS: ACTIVE
REGISTRATION DATE: 3/05/2024

VOTING HISTORY:

- 03/05/2024 PRESIDENTIAL PRIMARY
11/08/2022 GENERAL ELECTION
06/07/2022 CALIFORNIA GUBERNATORIAL RECALL ELECTION
03/03/2020 PRESIDENTIAL PRIMARY
06/04/2019 SENATE DISTRICT 33 SPECIAL GENERAL ELECTION
11/06/2019 GENERAL ELECTION
06/05/2018 STATEWIDE DIRECT PRIMARY ELECTION
03/07/2017 CONSOLIDATED MUNICIPAL ELECTION
11/08/2016 GENERAL ELECTION
06/07/2016 PRESIDENTIAL PRIMARY
06/03/2014 STATEWIDE DIRECT PRIMARY ELECTION
11/03/2012 GENERAL ELECTION
06/05/2012 PRESIDENTIAL PRIMARY
06/08/2010 STATEWIDE DIRECT PRIMARY
11/04/2008 GENERAL ELECTION
11/07/2006 GENERAL ELECTION
06/06/2006 PRIMARY ELECTION
11/08/2005 SPECIAL STATEWIDE AND CONSOLIDATED ELECTIONS
11/02/2004 GENERAL ELECTION

In witness whereof, I have hereunto set my hand and affixed the seal of the Registrar-Recorder/County Clerk at Norwalk, California this

29 DAY OF APRIL, 2024



California Secretary of State
CHANGE OF POLITICAL PARTY/CHANGE OF ADDRESS
 (Elections Code §§ 2119.5, 2152)

91CC 335825

This form may only be completed by a voter who is currently registered to vote in their current county of residence. This form is to request a change of political party preference and/or to request a change of address within the same county. This form may only be completed during the time period of the 14th day before an election up until the close of the polls on Election Day. This form must be provided in person to the county elections official's office, polling location, or satellite office.

First name Jennifer Middle name _____

Last name (including suffix, such as Jr., Sr., III) Barbosa

Date of birth 11 07 1973
 MM DD YYYY

Current residence address _____ Apt or Unit # _____

City Los Angeles State CA Zip 90038

I want to change my political party preference.

I want to choose a political party preference

- American Independent Party
- Democratic Party
- Green Party
- Libertarian Party
- Peace and Freedom Party
- Republican Party
- Other (specify): _____

I do not want to choose a political party preference

No Party / None

I want to change my address. My previous address was:

Address _____ Apt or Unit # _____

City _____ State CA Zip _____

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this request is true and correct.

X _____ 3-5-24 1 1
 Signature Date signed Month Day Year

This is a true copy to the record certified for voting purposes if it bears the seal, imprinted in purple ink, of the Registrar-Recorder/County Clerk

APR 29 2024

[Handwritten Signature]



English

Deane C. Logan
 REGISTRAR-RECORDER/COUNTY CLERK
 LOS ANGELES COUNTY, CALIFORNIA

**CALIFORNIA VOTER REGISTRATION FORM/FORMULARIO DE INSCRIPCIÓN DEL VOTANTE DE CALIFORNIA
LOS ANGELES COUNTY**

Fill out this form if you are a new voter, have moved or changed your name, or want to change your political party preference. You must be a U.S. citizen and at least 18 years old by the next election to use this form. Use blue or black ink. Print clearly. - Llene este formulario si es nuevo votante, se mudó o cambió de nombre o si desea cambiar su preferencia de partido político.

Para usar este formulario, tiene que ser ciudadano de EE UU y tener al menos 18 años de edad en la próxima elección. Use tinta azul o negra. Escriba en letra de molde y de manera clara.

Your legal name: First name - Nombre legal: Primer nombre
 Middle name - Segundo nombre

① JENNIFER ELI
 Last name - Apellido
 ② BARBOSA
 Optional - Opcional
 Mr. - Sr. Mrs. - Sra.
 Ms. - Sra. Miss - Srta.

Home address - not a P.O. Box or business address - (Number, Street, Ave., Drive, etc. include N, S, E, W)
 Domicilio - no apartado postal ni dirección de trabajo - (Número, calle, avenida, camino, etc. incluir N, S, E, W)
 Apt or unit # / N° de Departamento o unidad

⑤ City - Ciudad: LOS ANGELES State - Estado: CA Zip - Código postal: 90038 California county - Condado de California

⑥ If you do not have a street address, describe where you live (Cross streets, Route, N, S, E, W)
 Si no tiene dirección con calle, describa dónde vive (entre qué calles, ruta, N, S, E, W)

⑦ Mailing address - if different from above, or P.O. Box - Domicilio postal - si es distinto del que figura arriba o apartado postal

⑧ City - Ciudad: State - Estado: Zip - Código postal: Foreign country - País extranjero:

⑨ Date of birth - Fecha de nacimiento: MM/DD/YYYY 1973 U.S. state or foreign country of birth - Estado de EE UU o país extranjero en que nació: KHODE ISLAND

⑩ CA driver license or CA ID card # - N° de licencia de manejar de California o tarjeta de identificación de California
 SSN (Last 4 numbers) / SSN (las últimas 4 cifras)
 Phone number (optional) - Número de teléfono (opcional)

⑫ Email (optional) - Dirección de correo electrónico (opcional):
 ⑬ Phone number (optional) - Número de teléfono (opcional):

⑭ Do you want to disclose a political party preference? - ¿Desea revelar preferencia de partido político?
 Yes, my political party preference is (check one) - Sí, mi preferencia de partido político es (marque uno):
 American Independent Party / Partido Americano Independiente
 Americans Elect Party / Partido Americanos Eligeo
 Libertarian Party / Partido Libertario
 Peace and Freedom Party / Partido Paz y Libertad
 Democratic Party / Partido Demócrata
 Republican Party / Partido Republicano
 Green Party / Partido Verde
 Other (Specify) / Otro (especificar):

⑮ To receive a vote-by-mail ballot in all elections, initial her. - Para recibir una boleta de votación por correo en todas las elecciones, ponga sus iniciales aquí:
 ⑯ If you were registered to vote before, fill out below: - Si se inscribió para votar antes, llene a continuación:

First name - Primer nombre: JENNIFER Middle initial - Inicial del segundo nombre: J Last name - Apellido: BARBOSA
 Previous address where you were registered - Dirección en la que estaba inscrito anteriormente: LOS ANGELES CA 90038
 Previous county - Condado anterior: Previous political party preference (if any) - Preferencia de partido político anterior (si corresponde): independent

⑰ Are you a U.S. citizen? - ¿Es usted ciudadano de EE UU? Yes-Sí No
 Will you be 18 or older by the next election? - ¿Tendrá 18 años de edad o más en la próxima elección? Yes-Sí No

⑱ Read and sign below. - Lea y firme a continuación.

I am a U.S. citizen and will be at least 18 years old on election day. I am not in prison, on parole, serving a state prison sentence in county jail, serving a sentence for a felony pursuant to subdivision (h) of Penal Code section 1170, or on post release community supervision. I understand that it is a crime to intentionally provide incorrect information on this form. I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.
 Soy ciudadano de EE UU y tendrá al menos 18 años de edad el día de la elección. No estoy en prisión, libertad condicional, cumpliendo una sentencia de prisión estatal en una cárcel de condado, cumpliendo una sentencia por haber cometido un delito mayor conforme a la subdivisión (h) de la sección 1170 del Código Penal, o en supervisión comunitaria después de haber sido puesto en libertad. Entiendo que brindar información incorrecta de manera intencional en este formulario es un delito. Declaro bajo pena de perjurio según las leyes del Estado de California que la información de este formulario es verdadera y correcta.

Did someone help you fill out or deliver this form? - ¿Alguien lo ayudó a llenar o a entregar este formulario?
 No, the person who helped me must fill out and sign both parts of this green box. - Sí, la persona que lo ayudó debe llenar y firmar ambas partes de esta casilla verde.
 Signature - Firma: Date Signed - Fecha de la firma: Month-Mes Day-Día Year-Año
 Name, address, and tel. - Nombre, dirección y número de teléfono
 Org. name and tel. (if any) - Nombre y número de teléfono de la organización (si corresponde)

THIS AFFIDAVIT OF REGISTRATION WAS CANCELLED ON 1/2/17



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APR 29 2024

Deann C. Logun
 REGISTRAR-RECORDER/COUNTY CLERK
 LOS ANGELES COUNTY, CALIFORNIA

Voter Registration Application

Before completing this form, review the General, Application, and State specific instructions.

Are you a citizen of the United States of America? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Will you be 18 years old on or before election day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you checked "No" in response to either of these questions, do not complete form. (Please see state specific instructions for rules regarding ability to register prior to age 18.)		This space for office use only. 5490 2007		
1	(Circle one) Last Name Mr. Mrs. Miss Ms. SARGOSA	First Name Jennifer	Middle Name(s) El	(Circle one) Jr Sr II III IV
2	Home Address Apt. or Lot #		City/Town Los Angeles	State Ca
3	Address Where You Get Your Mail If Different From Above		City/Town	State Zip Code
4	Date of Birth 11/17/73 Month Day Year	Telephone Number (optional)	6 ID Number - (See Item 6 in the instructions for your state)	
7	Choice of Party (see Item 7 in the instructions for your state) Independent	8 Race or Ethnic Group (see Item 8 in the instructions for your state)		
9	I have reviewed my state's instructions and I swear/affirm that: <ul style="list-style-type: none"> I am a United States citizen I meet the eligibility requirements of my state and subscribe to any oath required. The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States. Please sign full name (or put mark) ▲ Date: 7/7/14 Month Day Year			

If you are registering to vote for the first time, please refer to the application instructions for information on providing copies of valid identification documents with this form.

19XX192838

Please fill out the sections below if they apply to you.

If this application is for a change of name, what was your name before you changed it?

A	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
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If you were registered before but this is the first time you are registering from the address in Box 2, what was your address when you were registered before?

B	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

C	Write in the names of the crossroads (or streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.	NORTH ↑
	Example: Public School • Woodchuck Road Grocery Store • Woodchuck Road X	

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

D	
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Mail this application to the address provided for your State.

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APR 29 2024



Deane C. Loggin
REGISTRAR-RECORDER/COUNTY CLERK
LOS ANGELES COUNTY, CALIFORNIA

THIS AFFIDAVIT OF
REGISTRATION WAS
CANCELLED ON 9/9/15