

1 Are you a citizen of the United States of America? Yes No* 2 Will you be 18 years of age on or before election day? Yes No* For Official Use Only

*NOTE: If you checked "NO" in response to box 1 or 2 above, do not complete this form.

3 Mr. Mrs. Miss Ms. Last Name Levesque First Name Patricia Middle Initial A Jr. Sr. II III Male Female

4 Address Where You Live 94 Bay St. #306 City or Town Seattle ZIP Code 98121

5 Address Where You Get Your Mail (If Different Than #4) City or Town State ZIP Code

6 Date of Birth (Month/Day/Year) 10/15/40 7 Daytime Phone Number (w/ area code) () N/A E-Mail Address (Optional)

Federal Law requires you to provide your Driver's License number. If you do not have a Washington Driver's License, you must provide the last 4 digits of your Social Security Number. Failure to provide this information may prevent your registration from being processed.

8 WA Driver's License # Last 4 Digits of Social Security # 4287213

ONGOING ABSENTEE REQUEST

I would like to receive absentee ballots for all future elections:

YES CHECK ONE NO

Voter Declaration - Read and Sign Boxes 9 and 10 KING COUNTY

"I declare that the facts on this voter registration form are true:
 • I am a citizen of the United States
 • I am not presently denied my civil rights as a result of being convicted of a felony
 • I will have lived in Washington at this address for thirty days immediately before the next election at which I vote
 • I will be at least eighteen years old when I vote."

Date Signed 05 20 04
 month day year
 SIGN HERE Patricia Levesque

FOLD HERE FIRST

10 Last Name Levesque First Name Patricia Initial A
 SIGN HERE Patricia Levesque
 2004 MAY 26 AM 9:28

12 I was previously registered under this name and/or address:
 Name _____
 Street _____
 City _____
 County _____
 State _____ ZIP _____
 Please sign as previously registered:
 X _____
 JW

1 Check one: New Registration Address Change Name Change

020277955

2 Mr. Mrs. Miss Ms. Last Name: LEVESQUE First Name: PATRICIA Middle Initial: A Jr. II Sr. III Male Female

3 Address Where You Live: 619 THIRD AVE #505 City or Town: SEATTLE Zip Code: 98104

4 Address Where You Get Your Mail (If Different Than #3) Zip Code:

5 Date of Birth (Month/Day/Year): 10/16/40 6 Daytime Telephone Number(s): 206/344-892

KING

ONGOING ABSENTEE REQUEST

I would like to receive absentee ballots for all future elections.

YES CHECK ONE NO

Patricia A. Levesque
SIGN HERE

ONGOING ABSENTEE VOTER STATUS

- This status can be cancelled for any of the following reasons:
- Cancellation of your voter registration
 - Your written request for cancellation
 - The death or disqualification of the voter
 - The return of an ongoing absentee ballot as undeliverable

Voter Declaration - Read and sign boxes 7 and 9.

"I declare that the facts on this voter registration form are JUL 15 2002

- I am a citizen of the United States
- I am not presently denied my civil rights as a result of being convicted of a felony
- I will have lived in Washington at this address, for thirty days immediately before the next election at which I vote
- I will be at least eighteen years old when I vote."

Signed on this Date 07/10/02

SIGN HERE

Patricia A. Levesque