

...before
the next General Election day. ☐ YES ☐ NO

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

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☐ Male ☒ Female

* Gender

* Date of Birth

1976

202-316-9295

Daytime Telephone Number

Rutledge

* Last Name

Leslie

* First Name

Carol

* Full Middle or Maiden Name

☐ None

☒ None

* Suffix (Jr., Sr., III, Etc.)

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401 Holland Lane

* Residence (Permanent) Home Address

#1116

Apt/Unit/Lot/Rm/Ste

Alexandria

City/Town

22314

Zip Code

If Rural Address or Homeless, please describe where you reside

lesliecrutledge@yahoo.com

E-mail address

Mailing Address (If different) Virginia P.O. Box or Uniformed Service Address, if applicable (include Zip Code)

☐ City or ☐ County

Name of City or County of Residence

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* Have you ever been convicted of a felony? ☐ YES ☒ NO State where convicted

If YES, have your voting rights been restored? ☐ YES ☐ NO If YES, when restored?

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* Have you ever been judged mentally incapacitated? ☐ YES ☒ NO

If YES, has court restored you to capacity? ☐ YES ☐ NO If YES, when restored?

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Registration Statement: I swear/affirm, under felony penalty for making willfully false material statements or entries, that the information provided on this form is true. I authorize the cancellation (entered in Box 7 below) of my current registration and I have read the Privacy Act Notice on the front of this form.

* Signature (or mark if unable to sign)

09/20/2010

If applicant is unable to sign due to a physical disability, write the name/address of person who assisted. (Required).

☐ Check/describe if you have a disability that requires accommodation in order to vote.

☐ I'm interested in being an Election Official on Election Day. Please send me information.

You may request that your home address not be released if you or member of your household are (a) active or retired law enforcement, or (b) have been granted a protective court order, or (c) are in fear of your personal safety from someone who has threatened or stalked you and have filed a complaint against that person with a magistrate or law enforcement (must attach copy of complaint) or (d) participate in the Address Confidentiality Program. You must show a Virginia P.O. box under mailing address in Box 3 above. ☐ Law Enforcement ☐ Protective Order ☐ Threatened/Stalked ☐ Address Confidentiality Program