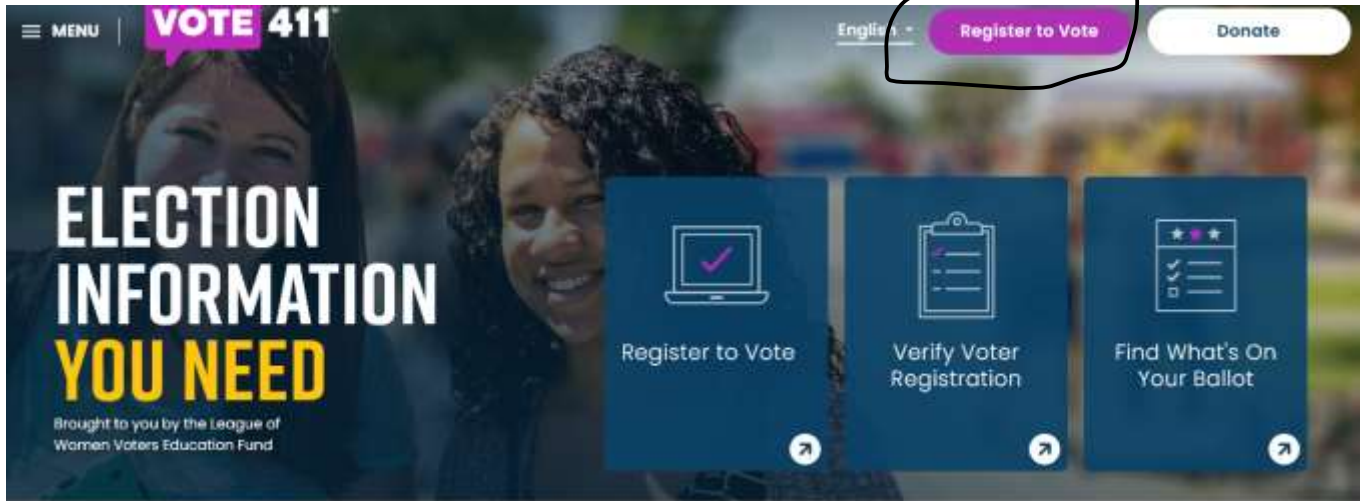
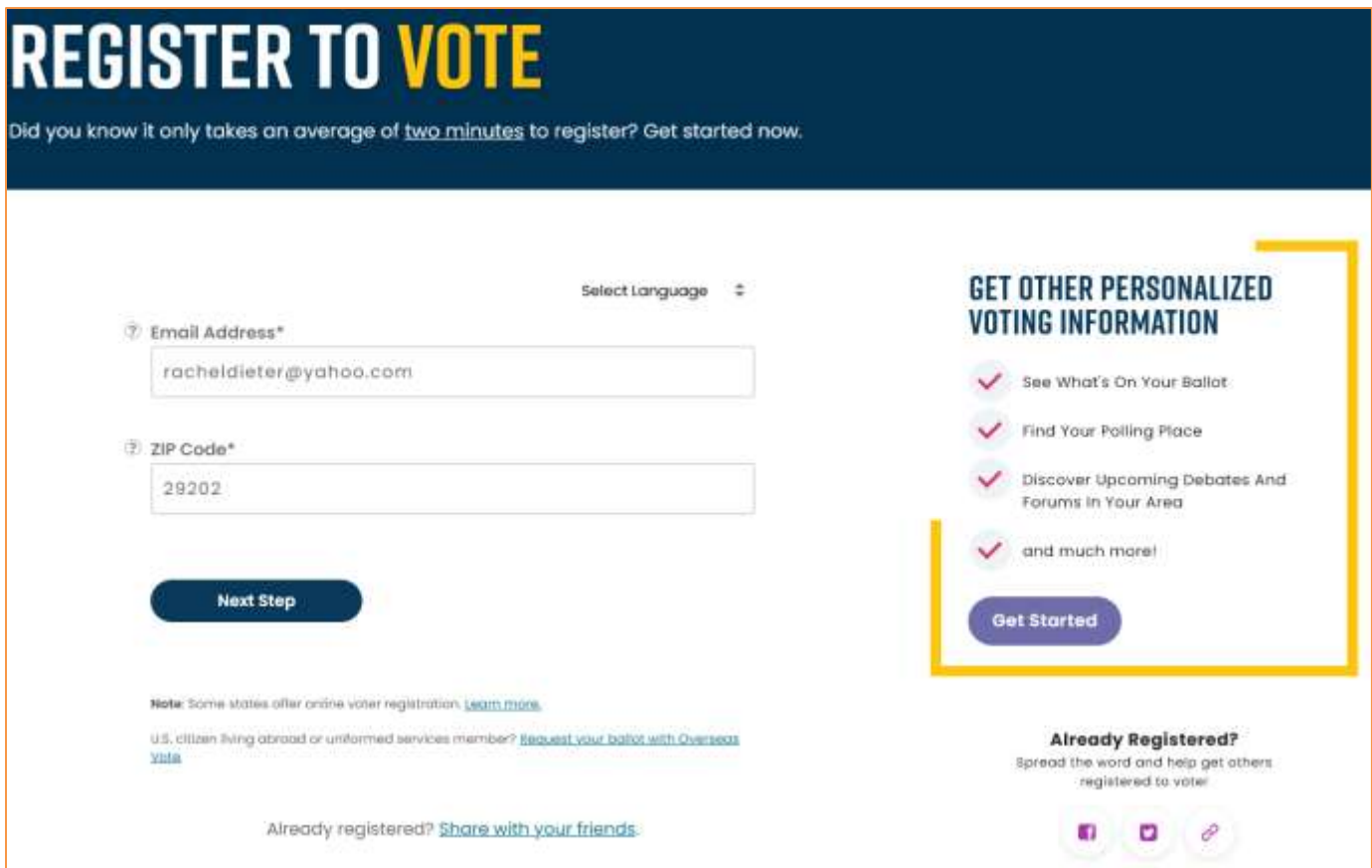


Step 1



Step 2



SELECTING "I HAVE A CURRENT SC STATE IDENTIFICATION CARD OR DRIVER'S LICENSE"

Step 3

In English

Name

Title* First Name* Last Name* Suffix

(none)

Required

I am a U.S. citizen.*

Home Address

Address* Unit/Lot #

123 Forest Rd.

City* State* ZIP Code*

Lexington SC 29072

I HAVE A CURRENT SC STATE IDENTIFICATION CARD OR DRIVER'S LICENSE

You may be eligible to finish your voter registration using the South Carolina online voter registration system.

I DO NOT HAVE A CURRENT SC STATE IDENTIFICATION CARD OR DRIVER'S LICENSE

Date of Birth * **Phone** **Type**

10 10 1956 8032063456 Mobile

Receive emails from League of Women Voters.

Questions For You

What issue do you care the most about?

I would like to volunteer with League of Women Voters.

Next Step

Continue even if you have a SC ID.

Step 4

Because you have a SC ID, you are eligible to complete your registration online with your state.

Finish your voter registration online with South Carolina.

> No Thanks, I'll continue with Rock the Vote and League of Women Voters and send in my form later.

Go straight to SC Election Commission Online Voter Registration page.

The screenshot shows the South Carolina Election Commission's Online Voter Registration 2020 page. The header includes the South Carolina Election Commission logo and the slogan "EVERY VOTE MATTERS. EVERY VOTE COUNTS." The page title is "Online Voter Registration 2020". On the left, there are links for "SCVotes.gov" and "Help". The main content area features a "Welcome to Online Voter Registration" message, stating that users must have a valid driver's license or ID issued by the S.C. Department of Motor Vehicles. Below this is a CAPTCHA box with the text "I'm not a robot" and a "VERIFY" button. At the bottom, there are two blue buttons: "I have a valid SC Driver's License or ID" and "I do not have a valid SC Driver's License or ID".

Step 3

Name

Title* First Name* Middle Last Name* Suffix

Ms. Rachel Jane Does (none)

I am a U.S. citizen.*

I have changed my name.

Home Address

Address* Unit/Lot #

123 Forest Rd.

City* State* ZIP Code*

Lexington SC 29072

I get my mail at a different address from the one above.

I have changed my address since the last time I registered to vote.

I HAVE A CURRENT SC STATE IDENTIFICATION CARD OR DRIVER'S LICENSE

I DO NOT HAVE A CURRENT SC STATE IDENTIFICATION CARD OR DRIVER'S LICENSE

ID Number*

1234

You must provide at least the last four digits of your social security number. You may provide your full social security number on a voluntary basis. Social security number does not appear on any report produced by the State Election Commission nor is it released to any unauthorized individual. (South Carolina Title 7-5-170)

Race* **Party***

White None

Date of Birth * **Phone** **Type**

10 10 1990 ###-###-#### Mobile

Receive emails from League of Women Voters.

Questions For You

What issue do you care the most about?

I would like to volunteer with League of Women Voters.

Prepare Form

Step 4

PRINT YOUR FORM

You won't be registered unless you print, sign and mail in your form!

[Print your registration form now](#)

Don't have access to a printer right now? We've emailed your form to print later.

You will need to print & mail or deliver your registration form to your local elections office.

After you have downloaded your registration form, you can continue on and let your friends know they can register to vote too.

[Keep Going](#)

Spread the word!

Please encourage your friends to register and vote.



Got questions about upcoming elections in your area? Find out everything you need to know about voting in your personalized [VOTE411.org Voter Guide](https://VOTE411.org).

Step 5

EMAIL NOTICE RECEIVED WHEN YOU COMPLETE REGISTRATION WITH VOTE411



● **vote411@lww.org**
To: racheldieter@yahoo.com



Sun, Aug 8 at 6:01 PM ★

Dear Rachel Jane,

Thanks for completing your voter registration application with Rock the Vote. You can download your application [by clicking here](#).

Just a reminder, if you have not already done so, please make sure to PRINT, SIGN, STAMP, and MAIL your form to the address provided on the form and shown below.

Registration and Elections Office
Auxiliary Administration Building
605 W Main St Ste C
Lexington, SC, 29072

**DON'T FORGET!
YOU MUST SIGN,
STAMP & MAIL
YOUR FORM.**

If you have already mailed in your form, you can [click here](#) to stop receiving reminders about sending it in. If you want to check on the status of your voter registration application, call your state election office at (803) 734-9060, or check online at <http://www.scvotes.org/>.

We also need your help getting others registered to vote. There are important races all over the country. Please direct them to register.rockthevote.com or send the message below.

And, finally, don't forget to vote when Election Day rolls around. There are 45 million eligible young voters and if we want politicians to pay attention to the issues we care about, we have to vote.

Thanks,
Your friends at Rock the Vote

P.S. Visit www.rockthevote.com for more information on voting, the elections, and the issues you care about, as well as for tools to start your own voter registration campaign.

Step 6

VOTER REGISTRATION

powered by



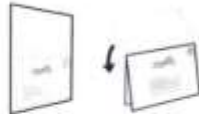
You are not registered until you **sign, stamp, and mail** your completed form!

INSTRUCTIONS

Take these easy steps to complete your voter registration:

1. Sign the form. You must sign the voter registration form before you mail it.
2. Place your form in an envelope and hand address it to your local election official. Alternatively, make a mailer. Fold the form and address sheet in half. Make sure the address is visible on the outside. Tape or staple the folded form at the bottom to create the mailer.

HOW TO MAKE A MAILER



3. Stamp it. Place first class stamp on your envelope or folded mailer.
4. Mail it. Put your voter registration form in the mail.
5. Vote. On Election Day, go to the polls and vote.

SUBMIT YOUR COMPLETED, SIGNED FORM TO:

Registration and Elections Office
Auxiliary Administration Building
605 W Main St Ste C
Lexington, SC, 29072

REGISTRATION DEADLINE:

postmarked 30 days before the election

YOU MUST READ

<https://www.rockthevote.org/registration/instructions/SC-en.html>
FOR COMPLETE GENERAL AND STATE-SPECIFIC INSTRUCTIONS, INCLUDING ELIGIBILITY REQUIREMENTS.

FIRST TIME VOTERS WHO REGISTER BY MAIL

If you are registering to vote for the first time in your jurisdiction and are mailing this registration application, Federal law requires you to show proof of identification the first time you vote. Proof of identification includes: A current and valid photo identification or a current utility bill, bank statement, government check, paycheck, or government document that shows your name and address.

Voters may be exempt from this requirement if they submit a copy of this identification with their mail in voter registration form.

If you wish to submit a copy, please keep the following in mind: Your state may have additional identification requirements which may mandate you show identification at the polling place even if you meet the Federal proof of identification.

Do not submit original documents with this application, only copies.

Voter Registration Application

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

| | | | | | | | |
|--|--|-------------------|--|---|--|-------------------|--|
| Are you a citizen of the United State of America? Yes Will you be 18 years old on or before election day? Yes If you checked "No" in response to either of these questions, do not complete form (Please see state-specific instructions for rule regarding eligibility to register prior to age 18.) | | | | This space for office use only. | | | |
| 1 | <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms. | Last Name Does | First Name Rachel Jane | Middle Name(s) | <input type="checkbox"/> Jr. <input type="checkbox"/> II <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> IV | | |
| 2 | Home Address 123 Forest Rd. | | Apt. or Lot # | City/Town Lexington | State SC | Zip Code 29072 | |
| 3 | Address Where You Get Your Mail If Different From Above | | | City/Town | State | Zip Code | |
| 4 | Date of Birth 10 / 10 / 1956 <small>Month Day Year</small> | 5 | Telephone Number (optional) 803-206-3456 | 6 ID Number - (See item 6 in the instructions for your state) 1234 | | | |
| 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) Black or African American | | | | |
| 9 | I have reviewed my state's instructions and I swear/affirm that: <input type="checkbox"/> I am a United States Citizen <input type="checkbox"/> I meet the eligibility requirements of my state and subscribe to any oath required. <input type="checkbox"/> The information I 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. | | | | Date / / <small>Month Day Year</small> | | |

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

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 | <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | Last Name | First Name | Middle Name(s) | <input type="checkbox"/> Jr. <input type="checkbox"/> II <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> IV |
|----------|--|-----------|------------|----------------|--|

If you were registered before but this is the first time you are registering from the address in Box 2, what was your address where you were registered before?

| | | | | | |
|----------|----------------------------------|---------------|------------------|-------|----------|
| B | Street (or route and box number) | Apt. or Lot # | City/Town/County | State | Zip Code |
|----------|----------------------------------|---------------|------------------|-------|----------|

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 | <ul style="list-style-type: none"> • Write in the names of 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 ↑ | | | | | | | | | |
| | <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Example</td> <td style="padding: 5px; text-align: center;">Route #2</td> <td style="padding: 5px; text-align: center;">● Grocery Store</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;">Woodchuck Road</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px; text-align: center;">Public School ●</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;">X</td> </tr> </table> | Example | Route #2 | ● Grocery Store | | Woodchuck Road | | Public School ● | | X | |
| Example | Route #2 | ● Grocery Store | | | | | | | | | |
| | Woodchuck Road | | | | | | | | | | |
| Public School ● | | 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 | |
|----------|--|

Mail this application to the address provided for your State.

FOR OFFICIAL USE ONLY

| | |
|-------|-------|
| _____ | _____ |
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| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

FIRST CLASS
STAMP
NECESSARY
IF MAILED



Registration and Elections Office

Auxiliary Administration Building

605 W Main St Ste C

Lexington, SC, 29072

SAMPLE EMAIL REMINDER IF YOU DID NOT COMPLETE YOUR REGISTRATION:



• **vote411@lwv.org**

To: racheldieter@yahoo.com



Mon, Aug 9 at 11:40 AM

Hey,

I noticed that you didn't finish filling out your online voter registration form. Registering with Rock the Vote and League of Women Voters's online tool takes less time than it takes to...

Make popcorn

Take a BuzzFeed quiz

Listen to a Beyoncé song

We want you to be part of our vast community of empowered voters. Amplify your voice today by finishing the registration process and making sure you are ready for the next election!

Rock the Vote and League of Women Voters

register.rockthevote.com