

PRINT IN INK For U.S. Citizens Only

STATE OF CALIFORNIA  
COUNTY OF SAN DIEGO

AFFIDAVIT OF REGISTRATION

**1** Name (First Middle Last) Optional  Mr.  Mrs.  Miss  Ms.  
 Jeffrey ALAN Myrick

**2** Residence (Number - Street - Apartment No.)  
 5865 ALLEGHANY ST  
 City SAN Diego County ZIP Code 92139

**3** If street address is unknown, please furnish the name of the property owner and/or parcel number  
 Owner \_\_\_\_\_ Parcel \_\_\_\_\_

**4** Mailing Address (if different from residence)  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**5** Date of Birth 5-29-69  
 (Month - Day - Year)

**6** Birthplace (Name of U.S. State or Foreign Country)  
 Charleston, South Car.

**7** Political Party (check one)  
 American Independent Party  
 Democratic Party  
 Libertarian Party  
 Peace and Freedom Party  
 Republican Party  
 Decline to State  
 Other (Specify) \_\_\_\_\_

**8** Occupation

**9** Telephone (Optional)  
 Area Code (619) 475-9253

**10** Not applicable, in this County  
 09331642

RECEIVED  
 COUNTY OF SAN DIEGO  
 APR 25 1990 10:34 AM

**11** Have you ever been registered to vote? Yes  No   
 If yes, complete this section to the best of your knowledge concerning your most recent registration  
 Name (as registered) \_\_\_\_\_  
 Former Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
 Political Party \_\_\_\_\_

READ THIS STATEMENT AND WARNING PRIOR TO SIGNING  
 I am a citizen of the United States and will be at least 18 years of age at the time of the next election. I am not imprisoned or on parole for the conviction of a felony. I certify under penalty of perjury under the laws of the State of California, that the information on this affidavit is true and correct.  
 WARNING  
 Perjury is punishable by imprisonment in state prison for two, three or four years. §126 Penal Code

**12** SIGNATURE—You must sign below.  
 Jeff Myrick | 4-25-90  
 Date

**13** Signature of person assisting (if any)  
 P. R. McLaughlin

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