3.3 Demo Code

```html
<!DOCTYPE html>
<html lang="en">
  <head>
    <meta charset="UTF-8" />
    <meta name="viewport" content="width=device-width, initial-scale=1.0" />
    <title>Voting Form</title>
  </head>
  <body>
    <h1>Voter Registration</h1>
    <form>
      <label for="first_name">First name: </label>
      <input type="text" placeholder="ex. Juan" id="first_name" /><br />

      <label for="last_name">Last name: </label>
      <input type="text" placeholder="ex. de la Cruz" id="last_name" /><br />

      <label for="email_address">Email address: </label>
      <input
        type="email"
        placeholder="ex. jdelacruz@gmail.com"
        id="email_address"
      /><br />

      <label for="pw">Password: </label>
      <input
        type="password"
        placeholder="at least 6 characters"
        id="pw"
      /><br />

      <label for="confirm_pw">Confirm password: </label>
      <input
        type="password"
        placeholder="re-enter password"
        id="confirm_pw"
      /><br />
```

```html
<label for="birthdate">Birthdate: </label>
<input type="date" id="birthdate" /><br />

<label for="excitement">How excited are you to vote? </label>
<input type="range" id="excitement" /><br />

<label for="civil_status">Civil status:</label>
<select name="civil_status" id="civil_status">
    <option disabled selected>Select one...</option>
    <option value="single">Single</option>
    <option value="married">Married</option>
    <option value="separated">Separated</option>
    <option value="widowed">Widowed</option>
    <option value="other">Other</option></select
><br />

<label for="no_of_children">Number of children: </label>
<input
    type="number"
    placeholder="ex. 2"
    value="0"
    id="no_of_children"
    min="0"
/><br />

<label for="pic_voter_id"> Upload picture of voter ID: </label>
<input type="file" id="pic_voter_id" /><br />

<label>Driver's license:</label>
<input
    type="text"
    id="driver_license"
    minlength="13"
    maxlength="13"
    required
    disabled
    placeholder="ex. E12-00-000000"
/><br />

<label for="feedback"
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```html
      >Provide feedback on the registration process: </label
    ><br />
    <textarea placeholder="Enter 3-5 sentences!" rows="5" cols="40"></textarea
    ><br />

    <input type="submit" value="Submit Registration Form" />
  </form>
  <h1>Your Ballot</h1>
  <form>
    <h2>President</h2>
    <input
      type="radio"
      name="president"
      value="lelouch_britannia"
      id="president1"
    />
    <label for="president1">Lelouch Vi Britannia</label><br />
    <input
      type="radio"
      name="president"
      value="eren_jaeger"
      id="president2"
    />
    <label for="president2">Eren Jaeger</label><br />
    <input
      type="radio"
      name="president"
      value="matt_monroe"
      id="president3"
    />
    <label for="president3">Matt Monroe</label><br />
    <h2>Vice President</h2>
    <input
      type="radio"
      name="vice_president"
      value="suzaku_kururugi"
      id="vice1"
    />
    <label for="vice1">Suzaku Kururugi</label><br />
    <input type="radio" name="vice_president" value="king_cole" id="vice2" />
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```html
        <label for="vice2">King Cole</label>


        <h2>Senator</h2>
      <input
          type="checkbox"
          name="senator1"
          id="senator1"
          value="jill_valentine"
      />
      <label for="senator1">Jill Valentine</label><br />
      <input type="checkbox" name="senator2" id="senator2" value="baki_hanma" />
      <label for="senator2">Baki Hamna</label><br />
      <input
          type="checkbox"
          name="senator3"
          id="senator3"
          value="tifa_lochart"
      />
      <label for="senator3">Tifa Lockhart</label><br />
      <input type="submit" value="Submit Ballot" />
    </form>
  </body>
</html>
```