UNSIGNED BALLOT ENVELOPE STATEMENT & INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY.
FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO COUNT.

1. In order to ensure that your vote-by-mail ballot will be counted, your Unsigned Ballot Statement should be completed and returned as soon as possible so that it can reach the elections official of the county in which your precinct is located no later than 5 p.m. two days prior to certification of the election. (Elections Code §3019)

2. You must sign your name below where specified on the Unsigned Ballot Statement (Voter’s Signature).

3. Place the Unsigned Ballot Statement into a mailing envelope addressed to your local elections official. Mail, deliver, or have the completed Unsigned Ballot Statement delivered to the elections official. Be sure there is sufficient postage if mailed and that the address of the elections official is correct.

4. If you do not wish to send the Unsigned Ballot Statement by mail or have it delivered, you may submit your completed Unsigned Ballot Statement by email or facsimile transmission to your local elections official, or submit your completed statement to a polling place within the county or a ballot drop-off box before the close of the polls on Election Day.

UNSIGNED BALLOT STATEMENT

I, _____________________, am a registered voter of Trinity County, State of California.

I declare under penalty of perjury that I requested and returned a vote-by-mail ballot and that I have not and will not vote more than one ballot in this election. I am a resident of the precinct in which I have voted, and I am the person whose name appears on the vote-by-mail ballot envelope.

I understand that if I commit or attempt any fraud in connection with voting, or if I aid or abet fraud or attempt to aid or abet fraud in connection with voting, I may be convicted of a felony punishable by imprisonment for 16 months or two or three years.

I understand that my failure to sign this statement means that my vote-by-mail ballot will be invalidated.

___________________________________________________________________________________________

Voter’s Signature                                                               Phone Number                                               Date

___________________________________________________________________________________________

Mailing Address                                                                                     Physical Address