



READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO BE COUNTED.

In order for your Vote by Mail Ballot to be counted, fill out the statement below and sign on the line above "Voter's Signature", and choose one of the following return options:

- 1. Drop off your signed statement at a polling place within Santa Clara County on Election Day.** You may drop off your Unsigned Ballot Statement at any polling location in Santa Clara County **before the polls close at 8:00 p.m. on Election Day.** You may also return your Unsigned Ballot Statement at a **drop-off site.** Please visit **www.sccvote.org** for a **complete list and schedule of drop-off sites.**
- 2. Come to the Registrar of Voters' Office in person.** You may come to our office at the address below, Monday through Friday 8:00 a.m. to 5:00 p.m. to **SIGN** your original Vote by Mail ballot envelope or return the Unsigned Ballot Statement. This must be done **by 5:00 p.m. on the eighth day after the election.**
- 3. Mail your signed statement to our office in the enclosed postage-paid envelope.** The Unsigned Ballot Statement must be received by our office at the address below **by 5:00 p.m. on the eighth day after the election.** . Postmarks will not be accepted.
- 4. Fax the signed statement to our office.** Your faxed statement **must be received by our office by 5:00 p.m. on the eighth day after the election.** The Vote by Mail fax number is 1-408-293-6002.

UNSIGNED BALLOT STATEMENT

I, _____, am a registered voter of Santa Clara County, State
(Name of Voter)

of California. I do solemnly swear (or affirm) 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 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.

(Signed) _____
Voter's Signature (power of attorney cannot be accepted)

(Witness) _____
If voter is unable to sign, he or she may make a mark which shall be witnessed by one person.

Dated this _____ day of _____.

Residence address: _____
Street Address City Zip Code

Mailing address: _____
Street Address City Zip Code

Santa Clara County Registrar of Voters
1555 Berger Drive, Building 2, San Jose, CA 95112
1-866-430-VOTE (Toll Free) - Fax 1-408-293-6002 - www.sccvote.org