

LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK

BALLOT OATH

Complete and return this form with your voted ballot. Both OATH and BALLOT must be postmarked on or before election day and received no later than seven days after election day, or received via fax by 8:00 pm (PST) on election day.

Fax your voted ballot and oath to (562) 232-7924 or (877) 614-1127 (Use country code if outside of the U.S.) In choosing to return your ballot by fax or mail, you have waived your right to have your voted ballot kept secret (California Elections Code, Section 3106). Once received, your vote choices will be duplicated by an elections official onto ballot card(s). Warning: voting twice in the same election is a crime.

1. PRINT NAME:		2. DATE OF BIRTH:			
First Name 3. LA COUNTY RESIDENCE	Middle Name or Initial			Last Name	
Number and Street - (P.O. Box, Ru	ot acceptable)			(Designate N, S, E, W if used)	
4. MAILING ADDRESS (ple	County		Zip Code	U.S.A.	
Number and Street - (P.O. Box, Ru	ıral Route, etc. i	s acceptable)			(Designate N, S, E, W if used)
5. TELEPHONE NUMBER: ()	County EM	AIL:	Zip Code	
			F VOTER		
I declare as follows:	ease read the	e following statem	ent and then si	gn and date bei	OW.
(1) I am absent from the Californi	a county where	I am registered to vote	; and		
spouse or dependent of such personal District of Columbia; and	States Public Hearps of the United Son; or 3) an elig	alth Service Commissio d States; or a member o gible United States citiz	ned Corps; a memb on activated status en living outside of	er of the National O of the National Gua f the territorial limits	ceanic and Atmospheric rd or state militia; or 2) an eligible of the United States or the
(3) I am a United States citizen, as am voting with the enclosed/atta			tion Day, and I am	eligible to vote in th	e California jurisdiction in which I
(4) I am not currently serving a st	ate or federal p	rison term for the conv	iction of a felony; a	ind	
(5) I have not been found mentall	y incompetent t	o vote by a court, or if	so, my voting right	s have been reinstat	ed; and
(6) I am not registering, requesting enclosed/attached ballot; and	g a ballot, or vo	ting in any other jurisd	iction in the United	States, except the (California jurisdiction cited in this
(7) I am the person whose name a	• •				
(8) I am a resident of Los Angeles Section 321 of the Elections Code					
(9) I understand that, as with any vote by mail voter, my signature, whether on this oath of voter form or my identification envelope, will be permanently separated from my voted ballot to maintain its secrecy at the outset of the tabulation process and thereafter.					
I declare under penalty of perjury under the laws of the State of California or the United States that the foregoing is true and correct.					
Your ballot will not be coumailed with your ballot. Y				clude it in the sa	ame fax transmission or
X					
YOUR SIGNATURE AS REGISTERED TO VOTE (Power of Attorney NOT ACCEPTABLE) Date					
OFFICIAL USE ONLY					
VOTER ID #	BALLOT GR	ROUP #	AV ID #		SERIAL #