SIGNATURE VERIFICATION STATEMENT & INSTRUCTIONS

Read these instructions carefully before completing the statement.
Failure to follow these instructions may cause your ballot not to count.

We have determined that the signature you provided on your vote by mail ballot or conditional ballot envelope does not match the signature(s) on file in your voter record. In order to ensure that your vote by mail ballot or conditional ballot will be counted, the Signature Verification Statement must be completed and returned as soon as possible.

The Signature Verification Statement must be received by the Amador County Elections Department as soon as possible, but no later than two days prior to certification of the election. Do not delay in returning the statement to the Elections office. (Elections Code §3019)

You must sign your name below where specified on the statement (Voters Signature) and include your address.

Place your completed statement into the self-addressed paid postage envelope provided to the Amador County Elections Department.

If you do not wish to send your completed statement by mail or have it delivered, you may submit your completed statement by e-mail at elections@amadorgov.org or facsimile transmission at (209) 223-6467 to the elections official.

Please note that the signature provided on the completed statement may be added to your registration record to be used for signature comparison purposes in future elections.

Signature Verification Statement

I, _____, am a registered voter of Amador County, State of California. I declare under penalty of perjury that I requested and returned a vote by mail or conditional ballot. I am a resident of Amador County in which I have voted, and I am the person whose name appears on the vote by mail or conditional 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 or conditional ballot will be invalidated.

Voter's Signature:

X	Date:

If the voter cannot sign his/her name, have the voter make a mark in the box above and then the witness signs here:
_____

Address where you live in Amador County:

_____
Number & Street

_____
City   State   Zip