UNSIGNED BALLOT ENVELOPE STATEMENT & INSTRUCTIONS

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

The Amador County Elections Department received your vote by mail or conditional ballot envelope without your signature. For your ballot to be counted, we must receive your signature.

You may either come to our office and sign your ballot envelope as soon as possible, but no later than two days prior to certification of the election or submit the Unsigned Ballot Envelope Statement below.
(Elections Code §3019)

You did not sign your vote by mail or conditional identification envelope. In order to ensure that your vote by mail or provisional ballot will be counted, an Unsigned Ballot Envelope Statement must be completed and returned as soon as possible, but no later than two days prior to certification of the election.

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 or by other electronic means made available by our office.

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.

Unsigned Ballot Envelope Statement

I, _____, am a registered voter of Amador County, State of California. I declare under penalty of perjury that I received and returned a vote by mail or conditional ballot and that I have not and will not vote more than one ballot in this election. 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 ballot envelope or conditional ballot.

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