

QUESTIONNAIRE

City _____

Mailing Address _____

CITY CLERK NAME _____

ELECTION CONTACT PERSON & TITLE (If different from City Clerk) _____

Office Phone No. _____

Fax No. _____

Email _____

Office Hours/Days _____

OFFICES TO APPEAR ON BALLOT:

INDICATE FULL OR UNEXPIRED TERM
(If unexpired include date of expiration)
(example 01/01/01)

NO. TO BE ELECTED

HOW ELECTED:
(By District, At Large, or Nominated by District and Elected at Large)

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term Date _____</p> <p><input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term Date _____</p> <p><input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term Date _____</p> <p><input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term Date _____</p> <p><input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term Date _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large</p> <p><input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large</p> <p><input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large</p> <p><input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large</p> <p><input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large</p>
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IF ANY MEASURES ARE TO APPEAR ON BALLOT, PLEASE INDICATE NO. OF MEASURES AND TYPE (BOND, SPECIAL TAX, OTHER):

CANDIDATE STATEMENTS

No. of words allowed: 200 or 400

(✓ Check One)

- Payment of the estimated cost must be made by the candidate at time of filing.
- City will bill candidate after the election.
- City will bear the cost for all statements
- Other _____

Please provide the anticipated date your resolutions will be sent to the Board of Supervisors and a copy to the Registrar-Recorder/County Clerk (Election Coordination Unit) calling and requesting consolidation with the election:

Mailing Date _____

Date _____

Print Name and Signature of Authorized Representative _____

RETURN TO:

LOS ANGELES COUNTY REGISTRAR RECORDER/COUNTY CLERK
ATTN: ELECTION COORDINATION UNIT, ROOM 2013A
12400 IMPERIAL HIGHWAY
NORWALK, CALIFORNIA 90650

FORM CAN ALSO BE FAXED OR EMAILED TO : (562) 406-2149 or ecu@rrcc.lacounty.gov