



Election Date _____

QUESTIONNAIRE

School District Name: _____

Superintendent Name _____ Contact Person (if different from Superintendent) _____

Mailing Address _____ Email _____

Contact Phone No. _____ Fax No. _____ Date _____

Numbers Of Offices To Be Elected: _____

Please Indicate How Governing Board Members Are Nominated Or Elected:

By District At Large Nominated by District and Elected at Large Other _____

OFFICES TO APPEAR ON BALLOT	INDICATE FULL OR UNEXPIRED TERM <small>(If unexpired must include date of expiration)</small>	INCUMBENT'S NAME	DISTRICT OR TRUSTEE AREA NO.	DATE
<input checked="" type="checkbox"/> Governing Board Member <input type="checkbox"/> Trustee Area <input type="checkbox"/> Other _____	<input type="checkbox"/> Full Term <input checked="" type="checkbox"/> Unexpired Term Date <u>01/01/01</u>	Jane Smith	1	_____ Appointed Provisionally _____ Appointed in Lieu <u>01/01/01</u> Elected
<input type="checkbox"/> Governing Board Member <input type="checkbox"/> Trustee Area <input type="checkbox"/> Other _____	<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term Date _____	_____	_____	_____ Appointed Provisionally _____ Appointed in Lieu _____ Elected
<input type="checkbox"/> Governing Board Member <input type="checkbox"/> Trustee Area <input type="checkbox"/> Other _____	<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term Date _____	_____	_____	_____ Appointed Provisionally _____ Appointed in Lieu _____ Elected
<input type="checkbox"/> Governing Board Member <input type="checkbox"/> Trustee Area <input type="checkbox"/> Other _____	<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term Date _____	_____	_____	_____ Appointed Provisionally _____ Appointed in Lieu _____ Elected
<input type="checkbox"/> Governing Board Member <input type="checkbox"/> Trustee Area <input type="checkbox"/> Other _____	<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term Date _____	_____	_____	_____ Appointed Provisionally _____ Appointed in Lieu _____ Elected

CANDIDATE STATEMENT INFORMATION

This is to inform you that the governing board of the above named district by resolution, dated _____ adopted the following policy regarding filing of Candidate Statements for district elections.

Number of words allowed: 200 or 400

Payment of the estimated cost must be made by the candidate at time of filing. School District will bear the cost for all statements.

School District will bill candidate after the election. Other _____

Please indicate number of school measures (if any) you anticipate placing on the ballot: _____.

Last day for governing boards to adopt and file a resolution calling a special measure election is E-88.

Signature of Authorized Representative _____ Title _____

RETURN FORM VIA EMAIL TO: ecu@rrcc.lacounty.gov
OR FAX IT TO: (562) 406-2149

FORM CAN ALSO BE MAILED TO: LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK
Attn: Election Coordination Unit, ROOM 2013A
12400 Imperial Highway
Norwalk, California 90650