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VENTURA COUNTY
MARK A. LUNN
CLERK-RECORDER, REGISTRAR OF VOTERS
800 SOUTH VICTORIA AVENUE
VENTURA, CA 93009-1200
VoteByMail@ventura.org

FAX (805) 648-9200

SIGNATURE VERIFICATION STATEMENT INSTRUCTIONS
Congressional District 25 Special General Election
May 12, 2020

Read these instructions carefully before completing and signing the statement.
If you do not follow these instructions it may cause your ballot not to be counted.

We have determined that the signature you provided on your Vote By Mail Ballot identification envelope does not match the signature(s) on file in your voter record. In order to ensure that your Vote By Mail Ballot will be counted, the Signature Verification Statement must be completed and returned by the date listed below.

Choose one of the following ways to return your Signature Verification Statement:

- **Drop in the 24-hour Ballot Drop-off Box** your completed Signature Verification Statement no later than 5 p.m. on May 27, 2020. A 24-hour Ballot Drop-off Box is available outside of the Simi Valley City Clerk's Office at 2929 Tapo Canyon Road, Simi Valley, or the 24-hour Ballot Drop-off Boxes (one walk-up and one drive-up) located at the entrance to the Ventura County Government Center, Hall of Administration Building, 800 South Victoria Avenue, Ventura.
- **Mail** your completed Signature Verification Statement in an envelope addressed to: Elections Division, OFFICIAL BALLOT INFORMATION, 800 South Victoria Avenue, Ventura, CA 93009-1200. Your completed statement must be received by 5 p.m. on May 27, 2020. **Postmarks will not be accepted.**
- **Email** your completed Signature Verification Statement to VoteByMail@ventura.org. The statement must be received by 5 p.m. May 27, 2020.
- **Fax** your completed Signature Verification Statement to (805) 648-9200. The statement must be received by 5 p.m. on May 27, 2020.

SIGNATURE VERIFICATION STATEMENT

I, _____, am a registered voter of Ventura County, State of California.
Print Name of Voter

I declare under penalty of perjury that I requested and returned a Vote By Mail ballot. I am a resident of the precinct in which I have voted, and I am the person whose name appears on the Vote By Mail ballot envelope. I have not and will not vote more than one ballot in this election. 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 ballot is not eligible to be counted.

Voter's Signature (power of attorney cannot be accepted) Date of Birth: _____

Witness: _____ Date: _____
(If voter is unable to sign, he or she may make a mark which shall be witnessed by one person)

Residence address: _____
Street Address City State Zip Code