



Thank you for taking the time to fill out the attached vote by mail application.

After sending in your application a ballot will be mailed to you on October 4th, giving you plenty of time to get your ballot turned in. Voting early in the upcoming election is the single most important step you can take to help Ami Bera win this year!

Please fill out the application and mail it to the following address:

Vote by Mail Processing
PO Box 582496
Elk Grove, CA 95758

If you would like to receive a ballot by mail in all elections, please check the box in Section 9 and initial where indicated.

If you have any questions call us at (916) 686 5244 and ask to speak to someone about filling out a vote by mail application.

California Vote-By-Mail Ballot Application

Enter the date of the election and the last day the application must be received by your county elections official. These dates can be found at www.sos.ca.gov/elections/elections_m.htm. A ballot will not be sent to you if this application is incomplete or inaccurate.

1. This is an application for a vote-by-mail ballot for the 11/02/10, General election
Month/Day/Year, Type of Election (Primary, General, or Special)

2. This application must be received by your county elections official no later than 5:00 p.m. on 10/26/10
Month/Day/Year

3. Print name: _____ 4. Date of birth: _____
First Middle Name or Initial Last Month/Day/Year

5. Residence address: _____
Number and Street (P.O. Box, Rural Route, etc. will not be accepted) (Designate N, S, E, W if used)

City ZIP Code California County

6. Mailing address for ballot (if different from above):
If your mailing address is outside of the United States, use the Federal Post Card Application at www.fvap.gov.

Number and Street/P.O. Box (Designate N, S, E, W if used) _____

City _____ State or Foreign Country _____ ZIP Code or Postal Code _____

7. Telephone number (optional): () _____ () _____
Daytime Evening

8. Yes, I want to request a political party ballot for the primary election.
 I am not presently affiliated with any qualified political party. However, for this primary election only, I request a vote-by-mail ballot for the _____ Party.*

*For the Statewide Direct Primary Election, the Democratic and Republican parties will allow voters who are not affiliated with a qualified political party to vote in their primary elections. For more information, contact the Secretary of State at (800) 345-8683 or visit www.sos.ca.gov/elections/elections_decline.htm.

9. Yes, I want to become a permanent vote-by-mail voter.
 By checking this box and by initiating here _____, I am requesting to become a permanent vote-by-mail voter. A vote-by-mail ballot will automatically be sent to me in all future elections. I understand that if I fail to vote by mail in two consecutive statewide general elections, I will need to reapply for permanent vote-by-mail voter status.

10. This application must be signed.
 I have not applied for a vote-by-mail ballot from any other jurisdiction for this election. I certify under penalty of perjury under the laws of the State of California that the information I have provided on this application is true and correct.

Signature: _____ Date: _____

Warning: Perjury is a felony, punishable by imprisonment in state prison for up to four years. (Penal Code § 126)

FOR OFFICIAL USE ONLY

Notice
 You have the legal right to mail or deliver this application directly to the local elections official of the county where you reside.

Returning this application to anyone other than your county elections official may cause a delay that could interfere with your ability to vote. Only the registered voter himself or herself may apply for a vote-by-mail ballot. An application for a vote-by-mail ballot made by a person other than the registered voter is a criminal offense.

Individuals/Organizations/Groups Distributing this Application

The format used on this application must be followed by anyone distributing vote-by-mail ballot applications. Failure to conform to this format is a crime.

Anyone distributing this application may not preprint a mailing address in Item 6.

Anyone distributing this application may not preprint a check mark or political party name in Item 8.

Anyone providing this application to a voter must enter their name, address, and telephone number here:

Bera for Congress

9275 E Stockton Bl

Elk Grove, CA 95758

(916) 686-5244