

If you give your ballot to someone else to return, complete this box.

I the voter hereby affirm that I am ill or disabled and that I authorize the following person:

(Print Name)
who is my spouse, child, parent, grandparent, grandchild, brother, sister or any person residing in the same household to return my ballot to any polling place in Solano County or to the County Elections Office, 675 Texas Street Suite 2600, Fairfield.



X _____
Signature of the person authorized by the voter to return this ballot.

WARNING:

Voting twice in the same election constitutes a crime in the State of California.

YOU MUST COMPLETE THIS SECTION & SIGN YOUR NAME FOR YOUR BALLOT TO BE COUNTED.

I declare under penalty of perjury that: I am a resident of the Solano County precinct from which I am voting; I am the person whose name appears on this envelope; I have not applied for and do not intend to apply for a vote by mail ballot from any other jurisdiction for this election.



X _____
Voter must sign and complete in his/her own handwriting in order for the ballot to be counted.
Your Signature or Your Mark* (Power of Attorney is not acceptable) Date

Residence Address (P.O. Box is not acceptable)

City or Town, State, Zipcode

* WITNESS TO MARK: _____

NOTICE

Your voted vote by mail ballot must be returned to the Elections Department or any polling place in Solano County NO LATER THAN 8:00 P.M. ON ELECTION DAY. Your ballot **will not be counted** if received after 8:00 P.M. or if this envelope is not signed.

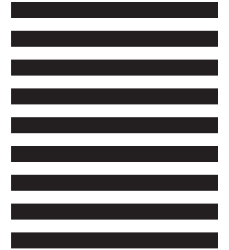
**MARKED OFFICIAL BALLOT ENCLOSED
to be opened only by canvassing board**

FROM:

**BALLOT WILL NOT BE COUNTED
WITHOUT YOUR SIGNATURE ON
REVERSE SIDE**



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



OFFICIAL VOTE BY MAIL BALLOT ENCLOSED

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 89 FAIRFIELD, CA

POSTAGE WILL BE PAID BY ADDRESSEE

REGISTRAR OF VOTERS
COUNTY OF SOLANO
675 TEXAS ST. SUITE 2600
FAIRFIELD CA 94533-9969

