

LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTYCLERK

DEAN C. LOGAN
Registrar-Recorder/County Clerk

ATTENTION VOTER: ACTION REQUIRED

Our office received your Vote By Mail ballot, but it is either unsigned or the signature provided does not match the signature(s) on file in your voter record. Your signature attesting to your eligibility is required by law. In order to ensure that your ballot will be counted, this Statement must be completed and returned as soon as possible. The signature provided on the completed Statement may be added to your registration record to be used for signature comparison purposes in future elections.

If you have any questions, please contact us at (800) 815-2666, option 2.

SIGNATURE VERIFICATION AND UNSIGNED BALLOT STATEMENT

Complete and return this statement to ensure your ballot is counted.

l,	, am a registered v	oter of Los Angeles County, State of California.
Print Your Full Name		
I declare under penalty of perjury that I received and	I 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 t	the Vote by Mail ballot envelope	. I understand that if I commit or attempt any
fraud in connection with voting, or if I aid or abet fra	ud or attempt to aid or abet frau	id in connection with voting, I may be
convicted of a felony punishable by imprisonment fo	or 16 months or two or three yea	rs. I understand that my failure to sign this
statement means my Vote by Mail ballot will be invalidated. I further declare that I have not and will not vote more than one ballot		
in this election.		
VOTER		
\ /		Data
SIGNATURE X Do not print your name (power o	of atternay cannot be asserted)	Date
Do not print your name (power o	attorney cannot be accepted)	
Voter's Residence Address:	City:	Zip Code:
\ /		
(Witness) X —		
If the voter cannot	sign the voter can make a mark which sl	hall he witnessed by one person

RETURN OPTIONS

This notice must be received by 5 PM on November 30, 2025



TEXT MESSAGE

Text "LA Ballot Cure" to 28683 and follow the prompts to submit your signature electronically. When prompted, enter your unique Voter ID:



E-MAIL / FAX

Email to **votebymail@rrcc.lacounty.gov** or Fax to **(877) 614-1127** or **(562) 232-7924**



MAIL

Mail back in the enclosed envelope. If you do not have the enclosed envelope, you may use a personal envelope and it send to Vote by Mail Section, Registrar-Recorder/County Clerk, PO Box 54187 Los Angeles, CA 90099-4684



IN PERSON

Return to 12400 Imperial Highway, Room 3002, Norwalk, CA 90650 during normal business hours, **Monday-Friday** from **8 AM to 5 PM**.



VOTE CENTER OR BALLOT DROP BOX

You may drop off your Statement at any Vote Center or Ballot Drop Box by 8 PM on Election Day, November 4, 2025.