



LOS ANGELES COUNTY
REGISTRAR-RECORDER/COUNTY CLERK

Election Date: _____

QUESTIONNAIRE FOR CONSOLIDATED ELECTIONS

Select One:

<input type="checkbox"/> City Only:	<input type="checkbox"/> City and School District:	<input type="checkbox"/> School District:
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Mailing Address:		
City Clerk Name:	Contact Person and Title (If different from City Clerk):	
General Telephone No. (Public Use Only):	Telephone No. (RR/CC Use only):	Fax No.:
Email:	2 nd Email:	Business Hours:

OFFICES TO APPEAR ON THE BALLOT	DISTRICT NUMBER (If any)	INDICATE FULL OR UNEXPIRED TERM (must include expiration date (01/01/01))	NUMBER TO BE ELECTED	HOW IS THE OFFICE ELECTED?
		<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term. Date _____		<input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large
		<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term. Date _____		<input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large
		<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term. Date _____		<input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large
		<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term. Date _____		<input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large
		<input type="checkbox"/> Full Term <input type="checkbox"/> Unexpired Term. Date _____		<input type="checkbox"/> By District <input type="checkbox"/> At Large <input type="checkbox"/> Nominated by District and Elected at Large

MEASURE – If more than one measure is to appear on the ballot, kindly indicate the preferred sequence in which they should be presented on the ballot and the type (Tax, Charter Amendment, other).	CANDIDATE STATEMENT – Please select below:
Total Number of Measures: _____ 1. _____ 2. _____ 3. _____ 4. _____	Number of Words Allowed: <input type="checkbox"/> 200 <input type="checkbox"/> 400 Payment Options: <input type="checkbox"/> The payment of the estimated cost must be made by the candidate at the time of filing. <input type="checkbox"/> The city will bill the candidate after the election. <input type="checkbox"/> An advanced deposit (the city will bill after the election). <input type="checkbox"/> The city will bear the cost for all statements. <input type="checkbox"/> Other: _____

Please provide the anticipated date your resolutions will be delivered to the Board of Supervisors and a copy to the Registrar-Recorder/County Clerk (Election Coordination Unit), **calling and requesting consolidation** with the election: _____.

Date

Print Name and Signature of Authorized Representative

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