



LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK

ROSTER OF OFFICEHOLDERS FOR LOCAL JURISDICTIONS

(For School and Special Districts)

DEAN C. LOGAN

Registrar-Recorder/County Clerk

DISTRICT NAME:	
DISTRICT TYPE (select one): <input type="checkbox"/> School District <input type="checkbox"/> Special District	
Please select one of the following: <input type="checkbox"/> SUPERINTENDENT <input type="checkbox"/> MANAGER <input type="checkbox"/> SECRETARY	
NAME:	TITLE:
CONTACT PERSON (If different from above)	
NAME:	TITLE:
MAILING ADDRESS: _____	
STREET	CITY
ZIP	
PHONE NUMBER (Public Use Only):	FAX NUMBER:
PHONE NUMBER (RR/CC Use Only):	BUSINESS HOURS:
PRIMARY EMAIL:	SECONDARY EMAIL:
AUTHORIZED REPRESENTATIVE	
NAME:	TITLE:
SIGNATURE:	DATE:
POLITICAL REFORM ACT	
Officeholders who receive a salary and/or compensation from the district (excluding contributions to insurance plans and other fringe benefits), averaging \$200 or more per month , are required to file semi-annual campaign statements. This applies whether or not they had any campaign activity. To assist this office in notifying your officeholders of their filing obligations, please indicate their monthly threshold by checking one of the appropriate boxes below.	
Monthly Threshold is:	<input type="checkbox"/> Less than \$ 200 <input type="checkbox"/> More than \$200
Please provide the following information for any officeholder whom, to your knowledge was and/or is a candidate for an election held between January 1 and June 30.	
NAME:	ELECTION DATE:
NAME:	ELECTION DATE:
Will your District hold an election this year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes , return completed roster via email to: ECU@rrcc.lacounty.gov	If no , return completed roster via email to: CFD@rrcc.lacounty.gov
Fax Number: (562) 406-2149	Fax Number: (562) 651-2548
Mailing Address: Registrar-Recorder/County Clerk Attn: Election Coordination Unit 12400 Imperial Highway, Room 2013A Norwalk, CA	Mailing Address: Registrar-Recorder/County Clerk Attn: Campaign Finance Section 12400 Imperial Highway, Room 2003 Norwalk, CA

CANDIDATE STATEMENTS		
This is to inform you that the governing body of the above named district, by resolution dated _____ adopted the following policy regarding filing of Candidate Statements for district elections:		
NUMBER OF WORDS ALLOWED (please select one):	<input type="checkbox"/> 200 Word Limitation	<input type="checkbox"/> 400 Word Limitation
PAYMENT METHOD (please select one):		
<input type="checkbox"/> Payment must be made by candidate at the time of filing.	<input type="checkbox"/> District will bear costs for all statements.	<input type="checkbox"/> District will bill candidate after the election.
<input type="checkbox"/> Other: _____		
Copy of the resolution and/or board minutes is: <input type="checkbox"/> Enclosed <input type="checkbox"/> Forthcoming		

OFFICEHOLDERS	
List each current Officeholder. Officers should be listed by term date order; least to greatest. Note: You may not use the District address or phone number.	
IMPORTANT DEFINITIONS	
<ul style="list-style-type: none"> ➤ Appointed Provisionally: Refers to a qualified individual who was appointed in between regularly scheduled elections ➤ Appointed in Lieu: Refers to a candidate who was appointed following cancelation of an election due to insufficient candidates ➤ Date Term Expires: Refers to the date when an Officeholder's term ends ➤ Unexpired Term: Refers to a term that is still in progress and has not yet been completed 	
NAME:	Select one of the following:
LAST FIRST MIDDLE INITIAL	Appointed Provisionally
PO BOX OR RESIDENTIAL ADDRESS:	Appointed in Lieu
STREET CITY ZIP	Elected
PHONE NUMBER: EMAIL:	
Name of preceding officeholder:	Date Appointed/Elected:
LAST FIRST MIDDLE INITIAL	
DIVISION/DISTRICT TRUSTEE AREA NUMBER: (If applicable)	Date Term Expires:
	<input type="checkbox"/> Unexpired Term
NAME:	Select one of the following:
LAST FIRST MIDDLE INITIAL	Appointed Provisionally
PO BOX OR RESIDENTIAL ADDRESS:	Appointed in Lieu
STREET CITY ZIP	Elected
PHONE NUMBER: EMAIL:	
Name of preceding officeholder:	Date Appointed/Elected:
LAST FIRST MIDDLE INITIAL	
DIVISION/DISTRICT TRUSTEE AREA NUMBER: (If applicable)	Date Term Expires:
	<input type="checkbox"/> Unexpired Term

