

**COUNTY OF EL DORADO**

Elections

PO Box 678001

Placerville, CA 95667

(530) 621-7480 | (800) 730-4322

Fax (530) 677-1014 | [vbm@edcgov.us](mailto:vbm@edcgov.us)

**General Election – November 5, 2024**

**UNSIGNED BALLOT STATEMENT**

**NOTICE TO VOTER – YOU DID NOT SIGN YOUR VOTE BY MAIL BALLOT RETURN ENVELOPE.  
READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS STATEMENT.  
FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT NOT TO BE COUNTED.**

You must use one of the following options:

- **Drop off signed statement.** You may drop off your completed Unsigned Ballot Statement at any Vote Center or BallotDrop Box location for El Dorado County on or before 8:00 p.m. on Election Day, November 5, 2024.
- **Email signed statement to our office.** You may email this Unsigned Ballot Statement to our office at [vbm@edcgov.us](mailto:vbm@edcgov.us). It must be received no later than 5:00 p.m. two days prior to the certification of the election.
- **Fax signed statement to our office.** You may fax this Unsigned Ballot Statement to (530) 677-1014. It must be received no later than 5:00 p.m. two days prior to the certification of the election.
- **Mail signed statement in an enclosed envelope to our office.** This Unsigned Ballot Statement must be received at our office (P Box 678001, Placerville, CA 95667) before 5:00 p.m. two days prior to the certification of the election. Postmarks will not count. If you choose to return your statement via mail, YOU MUST PLACE POSTAGE on your return envelope provided.
- **Come to our office in person.** You may come to our office located at 3883 Ponderosa Road, Shingle Springs, CA 95682, Monday through Friday 8:00a.m. to 5:00 p.m. to SIGN your original Mail Ballot envelope or return this Unsigned Ballot Statement. This must be done before 5:00 p.m. two days prior to the certification of the election.

**COMPLETE ALL INFORMATION**

I, \_\_\_\_\_, am a registered voter of El Dorado County,  
(Print Name of Voter)

State of California. I do solemnly swear (or affirm) that I returned a Mail Ballot and that I have not and will not vote more than one ballot in this election. I understand that if I commit or attempt any fraud in connection with voting, or if I aid or abet fraud or attempt to aid or abet fraud in connection with voting, I may be convicted of a felony punishable by imprisonment for 16 months or two or three years. I understand that my failure to sign this statement means that my ballot is not eligible to be counted.

Signature of Voter:	_____	Date:	_____
	<small>(Power of attorney cannot be accepted)</small>		
Witness to Voter’s Mark:	_____		
	<small>(If voter is unable to sign, he or she may make a mark which shall be witnessed by one person)</small>		
Residential Address:	_____		
City, State, Zip Code:	_____		