CITY OF LOS ANGELES **VOTE-BY-MAIL APPLICATION** PRIMARY NOMINATING ELECTION

March 3, 2015

PLEASE PRINT REGISTERED NAME

MAIL COMPLETED FORM TO: LOS ANGELES CITY CLERK **ELECTION DIVISION**

LOS ANGELES, CA 90054-0377 Telephone (213) 978-8050

P.O. BOX 54377 FAX (213) 978-0611 or (213) 978-0612

				NOTICES
FIRST NAME	MIDDLE NAME	LAST NAME	VOTER I.D. (IF KNOWN)	Application must be received by the City Clerk no later than 5:00 p.m., February 24, 2015
NEO/OTENED IN	LOIDENGE ADDICESS (BO	NOT USE F.O. BOX NUMBE	in)	If you wish to become a permanent Vote-By-Mail voter, contact the L.A.
	T (DESIGNATE N, S, E, W.)	CITY	ZIP CODE	County Clerk/Registrar Recorder at (562) 466-1323.
ballot by any oth	ill not apply for a Vote-By- er means.	BIRTHDATE	TELEPHONE NO.	
x				Only the voter has the legal right to mail or deliver this application to the
		ED WITHOUT PROPER SIGNATURE O		City Clerk
MA NUMBER AND STREET	ILING ADDRESS FOR BAL	Vote-By-Mail applications distributed by individuals, organizations and groups shall		
CITY		STATE	ZIP CODE	conform to the provisions of City Election Code.
This form provid	led by: LA City Council, 2015	2173 Cedarhurst Dr, LA CA 900	27 323.456.3312 x1	(City Election Code Sections 116, 1007, 1008, and 1022)
Organization Name		Organization Address	Organization Tel. No.	
CITY OF LOS ANGELES VOTE-BY-MAIL APPLICATION PRIMARY NOMINATING ELECTION		LOS ANGE	LETED FORM TO: LES CITY CLERK ION DIVISION	FOR OFFICIAL USE ONLY
P.O. BOX 54377 March 3, 2015 LOS ANGELES, CA 90054-0377 Telephone (213) 978-8050				
PLEASE PRINT F	REGISTERED NAME		311 or (213) 978-0612	NOTICES Application must be received by the
FIRST NAME	MIDDLE NAME	LAST NAME	VOTER I.D. (IF KNOWN)	City Clerk no later than 5:00 p.m., February 24, 2015
REGISTERED RE	SIDENCE ADDRESS (DO	NOT USE P.O. BOX NUMBE	R)	

FOR OFFICIAL USE ONLY

If you wish to become a permanent Vote-By-Mail voter, contact the L.A. County Clerk/Registrar Recorder at (562) 466-1323.

Only the voter has the legal right to mail or deliver this application to the City Clerk

Vote-By-Mail applications distributed by individuals, organizations and groups shall conform to the provisions of City Election Code.

(City Election Code Sections 116, 1007, 1008, and 1022)

FIRST NAME MIDDLE NAME	LAST NAME	VOTER I.D. (IF KNOWN)
REGISTERED RESIDENCE ADDRESS (D	O NOT USE P.O. BOX N	NUMBER)
NUMBER AND STREET (DESIGNATE N, S, E, W.)	CITY	ZIP CODE
I have not and will not apply for a Vote-E ballot by any other means.	By-Mail BIRTHI	DATE TELEPHONE NO.
X	DIKTI	TEEL HONE NO.
SIGNATURE OF A	DATE ATURE OF APPLICANT	
MAILING ADDRESS FOR BA	ALLOT (IF DIFFERENT F	FROM ABOVE)
NUMBER AND STREET OR P.O. BOX	A September 1 and	
CITY	STATE	ZIP CODE
This form provided by:		Automorphisms .
Tomas O'Grady for LA City Council, 2015	2173 Cedarhurst Dr., L	A CA 90027 323.456.3312 x1
Organization Name	Organization Address	Organization Tel. No.