



**UNSIGNED BALLOT STATEMENT FOR THE NOVEMBER 8, 2022 STATEWIDE  
 GENERAL ELECTION**

**VOTER'S INFORMATION**

<p>ADDRESS (NUMBER, STREET AND APT. OR SUITE NO.)</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
<p>CITY, STATE AND ZIP CODE</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>

**Read the instructions before completing the statement. Failure to follow these instructions may cause your ballot not to count.**

**You must sign this statement in the box below. Your signature on your Unsigned Ballot Statement must compare to your voter record.**

**You may return this statement to any Vote Center or Drop Box by 8:00 p.m. on November 8, 2022. This statement may also be returned by fax (650.312.5348), email ([registrar@smcacre.org](mailto:registrar@smcacre.org)) or in person at 40 Tower Road, San Mateo, CA 94402 by 5:00 p.m. on December 6, 2022.**

**VOTER ID:**

PRINT YOUR NAME HERE

I, \_\_\_\_\_ am a registered voter in San Mateo County, State of California. I declare under penalty of perjury that I requested and returned a vote by mail ballot and that I have not and will not vote more than one ballot in this election. I am a resident of the precinct in which I have voted, and I am the person whose name appears on 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 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 vote-by-mail ballot will be invalidated.

**VOTER'S SIGNATURE**

*(Signature or "Mark of Applicant" in voter's own hand – Do Not Print – Power of Attorney NOT accepted)*

<p>SIGNATURE</p> <p><b>X</b></p>	<p>DATE</p>
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**WITNESS SIGNATURE IF VOTER IS USING "MARK" FOR SIGNATURE ABOVE**

<p>SIGNATURE</p> <p><b>X</b></p>	<p>DATE</p>
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If you have any questions or need further assistance, you may contact our office at 650.312.5222 or [registrar@smcacre.org](mailto:registrar@smcacre.org).