



THE DROP BOX AT 200 W. 4TH STREET IN MADERA WILL BE OPEN UNTIL SUNDAY NOVEMBER 30 AT 5:00 P.M. TO ACCEPT COMBINED SIGNATURE AND UNSIGNED IDENTIFICATION ENVELOPE STATEMENTS.

COMBINED SIGNATURE VERIFICATION AND UNSIGNED IDENTIFICATION ENVELOPE STATEMENT & INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE STATEMENT. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY CAUSE YOUR BALLOT TO REMAIN UNCOUNTED.

We have determined either that the signature you provided on your vote by mail ballot identification envelope does not compare with the signature(s) on file in your voter record **OR** that you did not sign your ballot identification envelope.

- 1) You must sign your name in the box below next to the red **X**. To ensure that your ballot will be counted, this completed Statement must be received by the **Madera County Elections Office** as soon as possible, but **no later than 5:00 pm on Sunday, November 30, 2025**.
- 2) Place your completed Statement into the postage-paid return envelope. If a return envelope is not included with these instructions, use your own mailing envelope addressed to the **Madera County Elections Office**. If you mail your completed Statement using your own envelope, be sure there is sufficient postage and that the address of the **Madera County Elections Office** is correct.
- 3) If you do not wish to send your completed Statement by mail or have it delivered, you may submit your completed Statement by email (electionsinfo@maderacounty.com) or facsimile transmission (559 675-7870) to the **Madera County Elections Office**. Or submit your completed Statement to a vote center within **Madera County** or a ballot drop box before the close of the polls on Election Day (**Tuesday, November 4, 2025**). Please visit www.votemadera.com for a complete list and schedule of the Official Ballot Drop Box and Vote Center locations.

SIGNATURE STATEMENT

I, _____, am a registered voter in Madera County, State of California.
(print full name as registered to vote)

I declare under penalty of perjury that I received 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, sign here in ink. Power of attorney is not acceptable.

X _____

Date _____

Madera County Elections Office

200 West 4th Street, Madera, CA 93637

Toll Free 1(800) 435-0509 - Fax 1(559) 675-7870 – www.votemadera.com