

MARK CHURCH CHIEF ELECTIONS OFFICER & ASSESSOR-COUNTY CLERK-RECORDER

CHALLENGED ENVELOPE STATEMENT FOR THE NOVEMBER 5, 2024 PRESIDENTIAL GENERAL ELECTION

ADDRESS (NUMBER, STREET AND APT. OR SUITE NO.)	CITY, STATE AND ZIP CODE
Read the instructions before completing the statement may cause your ballot not to count.	t. Failure to follow these instructions
You must sign this statement in the box below. Your signature on your Challenged Envelope	
Statement must compare to your voter record.	
You may return this statement to any Ballot Drop Box by	
statement may also be returned by fax (650.312.5348), email (registrar@smcacre.gov) or in person at 40 Tower Road, San Mateo, CA 94402 by 5:00 p.m. on December 3, 2024.	
person at 40 Tower Road, San Mateo, CA 94402 by 5.00 p.m. on December 5, 2024.	
PRINT YOUR NAME HERE	\neg
I, L	
Mateo County, State of California. I declare under penalty of perjury that I received and	
returned a Vote by Mail (VBM) 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.	
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)	·
SIGNATURE	DATE
X	
WITNESS SIGNATURE IF VOTER IS USING "MARK" FOR SIGNATURE ABOVE	
SIGNATURE	DATE
X	

If you have any questions or need further assistance, you may contact our office at 650.312.5222 or registrar@smcacre.gov.