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## LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK

### ROSTER OF OFFICEHOLDERS FOR LOCAL JURISDICTIONS

DEAN C. LOGAN Registrar-Recorder/County Clerk (For School and Special Districts)

DISTRICT NAME:					
DISTRICT TYPE (select one): School District	Special District				
Please select one of the following: SUPERINTEND	ENT MANAGER SECRETARY				
NAME:	TITLE:				
CONTACT PERSON (If different from above)					
NAME:	TITLE:				
MAILING ADRESS:	!				
STREET PHONE NUMBER (Public Use Only):	CITY ZIP FAX NUMBER:				
PHONE NUMBER ( <b>RR/CC Use Only</b> ):	BUSINESS HOURS:				
PRIMARY EMAIL:	SECONDARY EMAIL:				
AUTHORIZED REPRESENTATIVE	SECONDART EMAL.				
NAME:	TITLE:				
SIGNATURE:	DATE:				
<b>POLITICAL REFORM ACT</b> Officeholders who receive a salary and/or compensation from the district (excluding contributions to insurance plans and other fringe benefits), averaging \$200 or more per month, are required to file semi-annual campaign statements. This applies whether or not they had any campaign activity. To assist this office in notifying your officeholders of their filing obligations, please indicate their monthly threshold by checking one of the appropriate boxes below.					
Monthly Threshold is: Less than \$ 200	More than \$200				
Please provide the following information for any officehol held between January 1 and June 30.	der whom, to your knowledge was and/or is a candidate for an election				
NAME:	ELECTION DATE:				
NAME:	ELECTION DATE:				
Will your District hold an election this year?					
If yes, return completed roster via email to: <u>ECU@rrcc.lacounty.gov</u>	If no, return completed roster via email to: <u>CFD@rrcc.lacounty.gov</u>				
Fax Number: (562) 406-2149	Fax Number: (562) 651-2548				
Mailing Address: Registrar-Recorder/County Clerk Attn: Election Coordination Unit	Mailing Address: Registrar-Recorder/County Clerk Attn: Campaign Finance Section				

12400 Imperial Highway, Room 2013A Norwalk, CA12400 Imperial Highway, Room 2003 Norwalk, CAIf your District will be holding an election this year, please complete the following page. Otherwise, please proceed to page 3.

CANDIDATE STATEMENTS						
This is to inform you that the governi	ing body of th	e above named district, k	by res	solution dated	adopted	
the following policy regarding filing o	of Candidate S	tatements for district ele	ction	s:		
NUMBER OF WORDS ALLOWED (please select one): 200 Word Limitation 400 Word Limitation						
PAYMENT METHOD (please select one):						
Payment must be made by candidate at the time of filing.	District statements.	istrict will bear costs for all nents.		District will bill candidate after the election.		
Other:						
Copy of the resolution and/or board minutes is: Enclosed Forthcoming						
MEASURES APPEARING ON THE BAL	LOT					
Please indicate the number of measures the District anticipates placing on the ballot (if applicable):						
Note: Refer to the Calendar of Events f	Note: Refer to the Calendar of Events for the last day the board can adopt and file a resolution calling a special measure (E-88)					
PUBLICATION PURPOSES (Optional)	PUBLICATION PURPOSES (Optional)					
This office is responsible for publishing certain legal election notices. To assist in properly serving the District, this office will select the Newspaper Publication based on the best cost effective and relative circulation for the District. If the District <i>MUST</i> have a						

specific Newspaper Publication, please state below:

NEWSPAPER NAME(S):

PLEASE INCLUDE A DISTRICT MAP AND PROVIDE THE FOLLOWING INFORMATION
Do you anticipate changes in District or Division boundaries before the next election?
Yes No
If yes, please provide a date by when the changes may occur:
Additional comments:

OFFICEHOLDERS	are chould be listed by term date	o ordory loost to groatest				
List each current Officeholder. Officers should be listed by term date order; least to greatest. Note: You may not use the District address or phone number.						
IMPORTANT DEFINITIONS						
Appointed Provisionally: Refe						
Appointed in Lieu: Refers to a		-	tion due to insufficient candida	ates		
<ul> <li>Date Ferm Expires: Refers to a</li> <li>Unexpired Term: Refers to a t</li> </ul>	the date when an Officeholder's t erm that is still in progress and h					
NAME:			Select one of the following:	For Office Use Only		
LAST	FIRST	MIDDLE INITIAL	Appointed Provisionally			
PO BOX OR RESIDENTIAL ADDRE			-			
			Appointed in Lieu			
STREET	CITY	ZIP	Elected			
PHONE NUMBER:	EMA	IL:				
Name of preceding officeholder			Date Appointed/Elected:			
LAST FIRST	MI	DDLE INITIAL	P			
If not at large, please select one	of the following (if applicable	2):	Date Term Expires:			
DIVISION	TRUSTEE AREA	SUBDISTRICT				
			Unexpired Term Select one of the following:	For Office Use Only		
NAME:			sciect one of the following.	<u>roronice ose only</u>		
LAST	FIRST	MIDDLE INITIAL	Appointed Provisionally			
PO BOX OR RESIDENTIAL ADDRE	ESS:		Appointed in Liou			
STREET	CITY	ZIP	Appointed in Lieu			
			Elected			
PHONE NUMBER:	EMA	IL:				
Name of preceding officeholder	:		Date Appointed/Elected:			
LAST FIRST	MI	DDLE INITIAL				
If not at large, please select one			Date Term Expires:			
DIVISION	TRUSTEE AREA	SUBDISTRICT				
		00000000	Unexpired Term			
NAME:			Select one of the following:	For Office Use Only		
LAST	FIRST	MIDDLE INITIAL	Appointed Provisionally			
PO BOX OR RESIDENTIAL ADDRE	ESS:					
			Appointed in Lieu			
STREET	CITY	ZIP				
PHONE NUMBER:	EMA	IL:	Elected			
Name of preceding officeholder			Date Appointed/Elected:			
LAST FIRST	MI	DDLE INITIAL				
If not at large, please select one	of the following (if applicable	2):	Date Term Expires:			
DIVISION	TRUSTEE AREA	SUBDISTRICT				

#### **OFFICEHOLDERS** (continued)

List each current Officeholder. Officers should be listed by term date order; least to greatest. Note: You may not use the District address or phone number.

#### **IMPORTANT DEFINITIONS**

- > Appointed Provisionally: Refers to a qualified individual who was appointed in between regularly scheduled elections
- > Appointed in Lieu: Refers to a candidate who was appointed following cancelation of an election due to insufficient candidates
- > Date Term Expires: Refers to the date when an Officeholder's term ends
- > Unexpired Term: Refers to a term that is still in progress and has not yet been completed

NAME:			Select one of the following:	For Office Use Only
LAST	FIRST	MIDDLE INITIAL	Appointed Provisionally	
PO BOX OR RESIDENTIAL ADDRES	SS:		-	
STREET	CITY	ZIP	Appointed in Lieu	
			 Elected	
PHONE NUMBER:	EM	AIL:		
Name of preceding officeholder:			Date Appointed/Elected:	
LAST FIRST	Μ	1IDDLE INITIAL		
If not at large, please select one of	of the following (if applicab	le):	Date Term Expires:	
DIVISION	TRUSTEE AREA	SUBDISTRICT		
			Unexpired Term Select one of the following:	For Office Use Only
NAME:			Select one of the following.	Tor Onice Ose Only
LAST	FIRST	MIDDLE INITIAL	Appointed Provisionally	
PO BOX OR RESIDENTIAL ADDRES	SS:		Appointed in Liou	
STREET	CITY	ZIP	Appointed in Lieu	
PHONE NUMBER:	EM	AIL:	Elected	
Name of preceding officeholder:			Date Appointed/Elected:	
LAST FIRST MIDDLE INITIAL			Date Term Expires:	
If not at large, please select one of the following (if applicable):				
DIVISION	TRUSTEE AREA	SUBDISTRICT	Unexpired Term	
NAME:			Select one of the following:	For Office Use Only
LAST	FIRST	MIDDLE INITIAL	Appointed Provisionally	
PO BOX OR RESIDENTIAL ADDRESS:				
STREET	CITY	ZIP	Appointed in Lieu	
PHONE NUMBER:	EM		Elected	
Name of preceding officeholder:			Date Appointed/Elected:	
	FIRST MIDDLE INITIAL		Data Torm Expires:	
If not at large, please select one of		-	Date Term Expires:	
DIVISION	TRUSTEE AREA	SUBDISTRICT	Unexpired Term	