

## ATTACHMENT "E"

NOTICE TO COUNTY CLERK  
OF ELECTIVE OFFICES TO BE FILLED  
AND  
TRANSMITTAL OF MAP AND BOUNDARIES

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NAME OF DISTRICT/CITY  
AS IT WILL APPEAR ON THE BALLOT

To the County Clerk of Santa Cruz County:

(1) Notice is hereby given that the elective offices of the district/city to be elected

**CHECK ONE:**  at large or

by division

at the general election scheduled for November 2, 2004, are as follows:

(PLEASE PRINT OR TYPE)

<u>OFFICE</u>	<u>INCUMBENT'S NAME</u>	<u>TERM</u>
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**SPECIAL DISTRICTS:** No election will be held if there is an insufficient number of nominees.

**CITIES:** If there is an insufficient number of nominees, city council will decide to fill the office by appointment by E-75 or proceed with the election. If any city measure is on the ballot, the election is held regardless.

(2) The qualifications of a nominee of an elective officer of the district/city are as follows (i.e. a registered voter in the district/city, homeowner in district):

(3) The Candidate's Statement of Qualifications shall be limited to

- CHECK ONE:**       200 words  
                           400 words (double the cost)

The candidate is responsible for paying the cost of publishing the Candidate's Statement of Qualifications in the Voter's Information Pamphlet at the time of filing his/her statement.

- CHECK ONE:**      YES   
                          NO  The District/City will pay the cost of publishing the Candidate's Statement of Qualifications.

Candidates for special districts pay the County Clerk. Candidates for city offices pay the City Clerk.

(4) Tie votes for City and District elections are resolved by lot according to Elections Code §15651 and §10551. In lieu of resolving a tie vote by lot the District/City may resolve a tie vote by the conduct of a special runoff election, pursuant to §15651 (b). A special runoff election shall be held only if the legislative body adopts the provisions of this code prior to the conduct of the election. If a legislative body decides to call a special runoff election in the event of a tie vote, all future elections conducted by that body shall be resolved by the conduct of a special runoff election, unless the legislative body later repeals the authority for the conduct of a special runoff election.

To conduct a tie vote by special runoff election for this election and all future elections, check here.

(5) Date of last map change: \_\_\_\_\_. Who should we contact from your jurisdiction to come to our office at 701 Ocean St., Room 210, in Santa Cruz, to review the map on file to confirm the district boundaries and trustee areas (if any)?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

(Seal of the District/City)

\_\_\_\_\_  
Signature (District Secretary/City Clerk)

Dated: \_\_\_\_\_

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# NOTICE TO COUNTY CLERK OF MEASURE(S) TO BE SUBMITTED TO THE VOTERS

\_\_\_\_\_  
NAME OF DISTRICT/CITY  
AS IT WILL APPEAR ON THE BALLOT

To the County Clerk of Santa Cruz County:

Notice is hereby given that the \_\_\_\_\_

has approved a measure to be placed on the November 2, 2004 ballot.

- Attached is the 75-word or less ballot question(s) to appear on the November 2, 2004 ballot.
- Also attached is the measure text (for each measure) exactly as it is to be printed in the Voter's Pamphlet section of the Sample Ballot for the November 2, 2004 election. Cost of printing and distribution of the measure text will be paid for by the district/city.
- Do not print the measure text in the Voter's Pamphlet section of the Sample Ballot. Instead, send a copy to voters upon request at the cost of said district/city.

(Seal of the District/City)

\_\_\_\_\_  
Signature (District Secretary/City Clerk)

Dated: \_\_\_\_\_

**IMPORTANT: To assist us in keeping our records up to date, please provide us with current information regarding your district as well as a list of all your current board member's/council member's names, addresses and telephone numbers. Please provide the information on the attached "INCUMBENT ROSTER", or you may send your own roster. Thank you.**

# INCUMBENT ROSTER

NAME OF DISTRICT/CITY: \_\_\_\_\_

TO WHOM MAIL SHOULD BE ADDRESSED: \_\_\_\_\_

TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

**INCUMBENTS NAME/ADDRESS/PH/FAX**

**ELECTED/APPOINTED**

**TERM OF OFFICE**