



### NOTICE OF ELECTIVE OFFICES TO BE FILLED

**NOTE:** This packet shall be either delivered in person or mailed by certified mail in time to reach the Kern County Elections Division on the designated date, at least 125 days before the general district election (Elections Code §10509).

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.

NAME:		SELECT ONE OF THE FOLLOWING:	<b>For Office Use Only</b>
_____		<input type="checkbox"/> Elected	
Last	First	<input type="checkbox"/> Appointed in Lieu	
Middle Initial		<input type="checkbox"/> Appointed to Vacancy	
RESIDENTIAL ADDRESS:		DATE APPOINTED/ELECTED	
_____		/ /	
Street	City	Zip	
PHONE NUMBER:	EMAIL:		
NAME OF PRECEDING OFFICEHOLDER:	DATE TERM/EXPIRED		
_____	/ /		
Last	First	Middle Initial	
IF NOT AT LARGE, PLEASE SELECT ONE OF THE FOLLOWING (IF APPLICABLE): <input type="checkbox"/> DIVISION <input type="checkbox"/> TRUSTEE AREA			
NAME:		SELECT ONE OF THE FOLLOWING:	<b>For Office Use Only</b>
_____		<input type="checkbox"/> Elected	
Last	First	<input type="checkbox"/> Appointed in Lieu	
Middle Initial		<input type="checkbox"/> Appointed to Vacancy	
RESIDENTIAL ADDRESS:		DATE APPOINTED/ELECTED	
_____		/ /	
Street	City	Zip	
PHONE NUMBER:	EMAIL:		
NAME OF PRECEDING OFFICEHOLDER:	DATE TERM/EXPIRED		
_____	/ /		
Last	First	Middle Initial	
IF NOT AT LARGE, PLEASE SELECT ONE OF THE FOLLOWING (IF APPLICABLE): <input type="checkbox"/> DIVISION <input type="checkbox"/> TRUSTEE AREA			
NAME:		SELECT ONE OF THE FOLLOWING:	<b>For Office Use Only</b>
_____		<input type="checkbox"/> Elected	
Last	First	<input type="checkbox"/> Appointed in Lieu	
Middle Initial		<input type="checkbox"/> Appointed to Vacancy	
RESIDENTIAL ADDRESS:		DATE APPOINTED/ELECTED	
_____		/ /	
Street	City	Zip	
PHONE NUMBER:	EMAIL:		
NAME OF PRECEDING OFFICEHOLDER:	DATE TERM/EXPIRED		
_____	/ /		
Last	First	Middle Initial	
IF NOT AT LARGE, PLEASE SELECT ONE OF THE FOLLOWING (IF APPLICABLE): <input type="checkbox"/> DIVISION <input type="checkbox"/> TRUSTEE AREA			





## DISTRICT REQUEST FOR CONSOLIDATED ELECTION SERVICES

(For Schools and Special Districts)

DISTRICT NAME:	
DISTRICT TYPE (select one): <input type="checkbox"/> School District <input type="checkbox"/> Special District	
MAILING ADDRESS: _____	
STREET	CITY
ZIP CODE	
Please select one of the following: <input type="checkbox"/> SUPERINTENDENT <input type="checkbox"/> MANAGER <input type="checkbox"/> SECRETARY	
NAME:	TITLE:
CONTACT PERSON (IF DIFFERENT FROM ABOVE):	
NAME:	TITLE:
PHONE NUMBER:	FAX NUMBER:
PRIMARY EMAIL:	SECONDARY EMAIL:
<b>DISTRICT RESPONSIBILITIES:</b>	<b>ELECTIONS DIVISION SERVICES:</b>
<ul style="list-style-type: none"> <li>• Notify the Elections Division of any vacancies prior to the deadline of June 28, 2024 (E-130)</li> <li>• Prepare a resolution calling for the election on special measures and submit to the Kern County Elections Division no later than August 9, 2024 (E-88)</li> <li>• Reimburse the County of costs allocated in accordance with the County billing policy for consolidated elections</li> <li>• Return the following to the Kern County Elections Division no later than July 3, 2024 (E-125):             <ul style="list-style-type: none"> <li>○ Notice of Elective Offices to be Filled</li> <li>○ District Request for Consolidated Election Services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Prepare a measure calendar of events and due dates for election</li> <li>• Publish the Notice of Election</li> <li>• Prepare and process the filing of nomination documents and signatures</li> <li>• Establish polling places and recruit election workers</li> <li>• Arrange for Spanish translations of all materials for all voters</li> <li>• Prepare and arrange for printing of sample ballot booklets, candidate statements, and ballots</li> <li>• Conduct the Vote by Mail and canvass processes</li> <li>• Provide a copy of the election certification and final results</li> <li>• Furnish Certificates and Oaths of Office</li> </ul> <p><b>If a measure is to be consolidated with the election:</b></p> <ul style="list-style-type: none"> <li>• Prepare a measure calendar of events and due dates for election</li> <li>• Publish measure information (notice to submit arguments, etc.)</li> <li>• Determine all argument information, e.g. dates, max number of words, format, ect.</li> </ul>
<b>AUTHORIZED REPRESENTATIVE</b>	

The undersigned request the above election services to be performed by the Kern County Elections Official.

\_\_\_\_\_

*SIGNATURE OF SECRETARY*

\_\_\_\_\_

*Date*

***DISTRICT SEAL:***





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**CANDIDATE STATEMENTS**

This is to inform you that the governing body of the above-named district, by resolution dated \_\_\_\_\_ adopted the following policy regarding filing of Candidate Statements for district elections:

Number of Words Allowed (please select one):  200 Word Limitation  250 Word Limitation

Payment must be made by candidate at the time of filing (please select one):

District will bear the costs for statements.  District will bill candidate after the election.  Other: \_\_\_\_\_

Copy of the resolution and/or board minutes is:  Enclosed  Forthcoming

**MEASURES APPEARING ON THE BALLOT**

Please indicate the number of measures the District anticipates placing on the ballot (if applicable): \_\_\_\_\_  
Note: Refer to the Calendar of Events for the last day the Board can adopt and file resolution calling a special measure election (E-88).

**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:



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Use this form to submit updated **District** information to the Elections Division. Please return form by E-mail to [elections@kerncounty.com](mailto:elections@kerncounty.com) or mail to 1115 Truxtun Ave. Bakersfield, CA 93301.

District Type:  Special District  School District

District Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Secretary / Manager / Superintendent: \_\_\_\_\_

Contact Person and Position (if different from above): \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Questions /Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR COUNTY USE ONLY