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STATE OF CALIFORNIA — VOTER REGISTRATION FORM
COUNTY OF LOS ANGELES

USE BLACK OR BLUE INK—PLEASE PRINT CLEARLY

0000 5490 2301

1 LAST NAME (Only)
 Mr Mrs
 Miss Ms
Schiff

FIRST NAME (Only)
Adam MIDDLE NAME (Only)
Bennett

2 333 Andover Drive

3 CITY STATE ZIP CODE COUNTY
Burbank CA 91504 Los Angeles

3 MAILING ADDRESS: (if different from the address where you live or PO BOX)

4 CITY STATE ZIP CODE FOREIGN COUNTRY

5 DATE OF BIRTH Month Day Year PLACE OF BIRTH - (If U.S. State or Foreign Country Only)
06 22 1960 Massachusetts

7 TELEPHONE TELEMAIL ADDRESS
818 5672808

8 POLITICAL PARTY - (Fill in One Only)
 American Independent Party
 Democratic Party
 Green Party
 Libertarian Party
 Natural Law Party
 Peace and Freedom Party
 Republican Party
 I Decline to State a Political Party
 Other

HAVE YOU EVER BEEN REGISTERED TO VOTE? Yes No

10 LAST NAME FIRST NAME CITY POLITICAL PARTY
Schiff Adam Burbank Democrat
333 Andover Drive #209 Burbank
STATE ZIP CODE COUNTY
CA 91504 Los Angeles

11 I declare that I am a resident of the County of Los Angeles, State of California, and that I am at least 18 years of age on election day.

NOTICE: It is a felony if you sign this statement even though you know it is untrue; you can be fined and jailed for up to three years.
Are you a citizen of the United States of America?
Will you be 18 years of age on or before election day?
If you check "no" in response to either of these questions, do not complete this form.

VOTER DECLARATION Read sign and date below
I am not in prison or on parole for a felony conviction.
I certify under penalty of perjury under the laws of the State of California that all the information on this form is true and correct.
SIGNATURE - You must sign and state in box below.

X
91 AH 412035 Today's Date 071404

13 14 OPTIONAL SURVEY: Can you help in the following areas?
 Provide a Polling Place Site
 Polling Place Monitor
 Manage Polling Place Monitor

300001

in March 12.

Secretary of State's Office (800) 345-9683

NOT TAPE OR S