



**DEBRA BOWEN** | SECRETARY OF STATE  
STATE OF CALIFORNIA | ELECTIONS

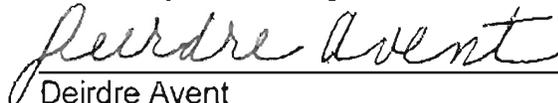
1500 11th Street, 5th Floor | Sacramento, CA 95814 | Tel (916) 657-2166 | Fax (916) 653-3214 | www.sos.ca.gov

October 8, 2010

County Clerk/Registrar of Voters (CC/ROV) Memorandum #10292

TO: All County Clerks/Registrars of Voters

FROM:

  
Deirdre Avent  
Elections Analyst

RE: Voter Registration: Postage Reimbursement and Replenishment  
Claims (FY 2010/2011 – 1st Qtr)

The attached "Voter Registration: Postage Reimbursement and Replenishment Claims" package includes guidelines, a quarterly postage claims deadline schedule, a postage reimbursement claim for mailings sent to voters, a postage replenishment claim for mailings received from voters through the business reply mail account, and a new monthly activity report, so that we may also track costs by month.

In order to timely process postage reimbursement and replenishment claims for voter registration activities performed during the 1st quarter of fiscal year 2010/11, please complete the enclosed quarterly postage reporting forms and return them to me by **November 8, 2010**.

The attached electronic fillable forms can be submitted for preliminary review by email or fax; however, we cannot process these postage claim forms until an original, with signature, is received by our office.

If you have any questions, please do not hesitate to contact me at (916) 657-2166.

Attachments

## Voter Registration Postage Reimbursement and Replenishment Claims

Voter Registration Postage Reimbursement and Replenishment Claims Package includes the following:

- Voter Registration Postage Claim Guidelines
- Voter Registration Postage Reimbursement Claim Form
- Voter Registration Postage Replenishment Claim Form
- Voter Registration Postage Claim – Monthly Activity Report

### VOTER REGISTRATION POSTAGE CLAIM GUIDELINES

In order to timely process postage reimbursement and replenishment claims for postage costs related to voter registration activities for each quarter of a fiscal year, please complete the Voter Registration Postage Reimbursement Claim Form, Voter Registration Postage Replenishment Claim Form, and the Voter Registration Postage Claim - Monthly Activity Report and return to the Secretary of State by the quarter's claims deadline.

<b>Postage Quarter</b>	<b>Claims Deadline</b>
1 <sup>st</sup> Quarter (July 1 – September 30)	November 1, 2010
2 <sup>nd</sup> Quarter (October 1 – December 31)	February 1, 2011
3 <sup>rd</sup> Quarter (January 1 – March 31)	May 2, 2011
4 <sup>th</sup> Quarter (April 1 – June 30)	August 1, 2011

### Voter Registration Postage Reimbursement and Replenishment Claims

1. Reimbursement for Mailing Voter Registration Cards (VRCs)

The Secretary of State is required to reimburse county elections offices for postage paid on voter registration cards:

<b>REIMBURSEMENT ALLOWANCE</b>	<b>ELECTIONS CODE SECTION</b>
Mailed to voters per their request pursuant to § 2158(c)	2164(a)(3)
*Mailed per outreach activities pursuant to § 2105	2164(a)(4)
Mailed to obtain information required to complete a registration form pursuant to § 2153(c)	2164(a)(1)

The quantities and costs for postage paid for mailing voter registration cards under these code sections are to be itemized on the quarterly **Voter Registration Postage Reimbursement Claim Form** and submitted to the Secretary of State by the claims deadline for that fiscal quarter.

\*Please provide information documenting how your reimbursement request is consistent with the activities outlined in your most recent voter outreach plan.

2. Reimbursement for Mailing Voter Notification Cards (VNCs)

The Secretary of State is required to reimburse county elections offices for postage paid on voter notification cards:

<b>REIMBURSEMENT ALLOWANCE</b>	<b>ELECTIONS CODE SECTION</b>
Mailed to new registrants pursuant to § 2153	2164(a)(1)
Mailed per USPS Address Correction pursuant to § 2153(c)	2164(a)(1)

The quantities and costs for postage paid for mailing voter notification cards under these code sections are to be itemized on the quarterly **Voter Registration Postage Reimbursement Claim Form** and submitted to the Secretary of State by the claims deadline for that fiscal quarter.

3. Replenishment of Postage Account for Mailing Voter Registration Cards

The Secretary of State is required to replenish the local county business reply mail account for the return of county specific voter registration cards that are mailed to the county elections office.

<b>REPLENISHMENT ALLOWANCE</b>	<b>ELECTIONS CODE SECTION</b>
Mailed by voter to county pursuant to § 2157(a)(8)	2164(a)(2)

The number of forms and the cost associated with the local county business reply mail account for the return of county specific voter registration cards to the county elections office should be itemized on the quarterly **Voter Registration Postage Replenishment Claim Form** and submitted to the Secretary of State by the claims deadline for that fiscal quarter.

**Voter Registration Monthly Activity Report**

The Secretary of State is compiling data on monthly postage claims within each quarter. The **Voter Registration Postage Claim – Monthly Activity Report** should be completed and submitted with each claim. The Monthly Activity Report Quarter Totals must balance with the totals itemized on the Postage Reimbursement Claim and the Postage Replenishment Claim forms.

**Filing of Claims**

The Voter Registration Postage Reimbursement and Replenishment Claims package can be submitted for preliminary review by email or fax; however, the claim forms cannot be processed without an original signature.

To submit the Voter Registration Postage Reimbursement and Replenishment Claims package by mail, or for preliminary review by fax or email, please use the following contact information:

ATTN: Deirdre Avent  
Secretary of State – Elections Division  
1500 11<sup>th</sup> Street, 5<sup>th</sup> Floor  
Sacramento, CA 95814  
(916) 657-2166  
Fax: (916) 653-3214  
Email: [Deirdre.Avent@sos.ca.gov](mailto:Deirdre.Avent@sos.ca.gov)

**FIRST QUARTER  
VOTER REGISTRATION POSTAGE REIMBURSEMENT CLAIM FORM**

**FISCAL YEAR** \_\_\_\_\_

**1<sup>st</sup> Quarter (July 1 - September 30)**

Elections Code section 2164 requires the Secretary of State to reimburse counties postage costs for mailing voter registration and voter notification cards as referenced below.

County: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Complete and sign form even if county is not requesting reimbursement of their postage costs.

**VOTER REGISTRATION CARDS (VRCs)**

	Quantity		Postage Rate/ Actual Cost		<b>TOTALS</b>
Mailed per Voter Request:	_____	X	\$ _____		\$ _____
(EC § 2158(c))	_____	X	\$ _____		\$ _____
				Sub-Total	\$ _____
*Mailed per Outreach Activity:	_____	X	\$ _____		\$ _____
(EC § 2105)	_____	X	\$ _____		\$ _____
				Sub-Total	\$ _____
Mailed per Incomplete VRC:	_____	X	\$ _____		\$ _____
(EC § 2153)	_____	X	\$ _____		\$ _____
				Sub-Total	\$ _____
				<b>TOTAL 1:</b>	<b>\$ _____</b>

\*Please provide information documenting how your reimbursement request is consistent with the activities outlined in your most recent voter outreach plan.

**VOTER NOTIFICATION CARDS (VNCs)**

Mailed to New Registrants:	_____	X	\$ _____		\$ _____
(EC § 2153)	_____	X	\$ _____		\$ _____
				Sub-Total	\$ _____
USPS Address Correction:	_____	X	\$ _____		\$ _____
(EC § 2153(c))	_____	X	\$ _____		\$ _____
				Sub-Total	\$ _____
				<b>TOTAL 2:</b>	<b>\$ _____</b>
<b>GRAND TOTAL (1 &amp; 2):</b>					<b>\$ _____</b>

**I certify this record is accurate to the best of my knowledge and that additional documentation is on file in my office to substantiate these figures. Please make check payable to this County and direct it to:**

\_\_\_\_\_  
County Name

\_\_\_\_\_  
County Elections Official

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, State, Zip Code

**FIRST QUARTER  
VOTER REGISTRATION POSTAGE REPLENISHMENT CLAIM FORM**

FISCAL YEAR \_\_\_\_\_

1<sup>st</sup> Quarter (July 1 - September 30)

Authority for replenishment of postal account funds  
for voter registration cards mailed by voter to county  
elections office:  
Election Code §§ 2157(a)(8), 2164(a)(2)

BUSINESS REPLY MAIL (BRM)  
PERMIT # 85814

County: \_\_\_\_\_  
Prepared By: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Email: \_\_\_\_\_

Not necessary to replenish account at this time. (Complete and sign form even if county is not requesting replenishment.)

Prior Quarterly Ending Balance..... \$ \_\_\_\_\_

Prior Deposits Received from Secretary of State.....\$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Number of Affidavits Received through BRMA X \_\_\_\_\_

Postage Rate.....\$ \_\_\_\_\_

New Quarterly Balance in Account.....\$ \_\_\_\_\_

Please Replenish Account with a Check in the Amount of.....\$ \_\_\_\_\_

Please Make Check Payable to:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The number of items reported above represents the actual number of affidavits received through the business reply mail account by this office.

Please provide the last business reply mail trust account invoice received by your office.

The total cost reported above represents the amount charged to the account by my Postmaster. I certify that this record is accurate to the best of my knowledge and that documentation is on file in my office to substantiate these figures.

\_\_\_\_\_  
County Elections Official

\_\_\_\_\_  
Date

**FIRST QUARTER  
VOTER REGISTRATION POSTAGE CLAIM - MONTHLY ACTIVITY REPORT**

FISCAL YEAR \_\_\_\_\_

1<sup>st</sup> Quarter (July 1 - September 30)

The Monthly Activity Report Quarter Totals must balance with the totals itemized on the Postage Reimbursement Claim and the Postage Replenishment Claim forms.

County: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

Form must be completed even if county is not requesting reimbursement or replenishment.

**REIMBURSEMENT CLAIM**

Voter Registration Activity	JULY	AUGUST	SEPTEMBER	QUARTER TOTAL
Number Mailed per Voter Request (EC § 2158(c))				
*Number Mailed per Outreach Activity (EC § 2105)				
Number Mailed per Incomplete VRC (EC § 2153)				
Voter Notification Activity	JULY	AUGUST	SEPTEMBER	QUARTER TOTAL
Number Mailed to New Registrants (EC §§ 2153 & 2164(a)(1))				
Number of USPS Address Corrections (EC § 2153(c))				

\*Please provide information documenting how your reimbursement request is consistent with the activities outlined in your most recent voter outreach plan.

**REPLENISHMENT CLAIM**

Voter Registration Activity	JULY	AUGUST	SEPTEMBER	QUARTER TOTAL
Number of Affidavits Received through the Business Reply Mail Permit #85814 (EC §§ 2157(a)(8) & 2164(a)(2))				

Please make sure the number of items reported matches the numbers reported on the reimbursement and/or replenishment claims for the quarter.