



DEBRA BOWEN | SECRETARY OF STATE
STATE OF CALIFORNIA | ELECTIONS
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REQUEST FOR MONTHLY VOTER REGISTRATION INFORMATION
NON-DMV NVRA COVERED AGENCY OFFICES

RESPONSE REQUESTED BY May 27, 2008

Please indicate the number of voter registrations, *by categories*, you received from **NON-DMV NVRA COVERED AGENCY OFFICES*** in your county during the month of:

APRIL 2008

NAME OF COUNTY: ALAMEDA

- Voter Registration at all public assistance agencies mandated as registration sites under NVRA 5.
- Voter Registration at all state-funded agencies primarily serving persons with disabilities _____.
- Voter Registration at all armed forces recruitment offices _____.
- Voter Registration at all other agencies designated by the State and not required under NVRA _____.

CONTACT PERSON: LOLITA FRANCISCO

PHONE NUMBER: 510-272-6953

E-MAIL: LOLITA.FRANCISCO@ACGOV.ORG ADDRESS: _____

If you have any questions, please feel free to contact me at (916) 657-2166. Please email your response to me at irene.capps@sos.ca.gov or FAX your completed form to me at (916) 653-3214. Thank you!

*This includes applications for new service or renewals from various social services agencies, including food stamps, AFDC, IHSS, MediCal, and Women and Infant Children programs (WIC), welfare services,