



State Controller
John Chiang

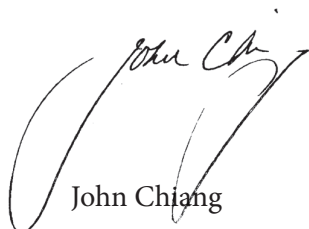
Dear Friend,

As California's State Controller, I serve as the highest-ranking Asian American elected official in the state. San Francisco's next election is on November 8th and I am encouraging you to exercise your right to vote. Voting by mail is a convenient way to ensure your voice gets heard. When you sign up to vote by mail, a ballot with a pre-paid postage envelope is mailed to your house. All you need to do is vote in the comfort of your own home and mail your ballot back.

Please take a few minutes today to sign the Vote by Mail Ballot Application that is included with this letter. Mail the application in the postage paid envelope by October 15th.

Thank you for being a dedicated and conscientious voter.

Sincerely,



John Chiang

P.S. If you are already a permanent absentee voter, you can disregard the application included with this letter. Please remember to vote by Tuesday, November 8, 2011.



State Controller
John Chiang

親愛的朋友，

身為加州審計長，我是加州最高級的民選官員。

三藩市下次選舉將於十一月八日舉行，我鼓勵大家實行你的投票權利。

用郵寄方式投票是確保聽到你的聲音的方便方法。當你登記以郵寄方式投票時，你會收到一張選票，連同一個已付郵資的信封。你可以舒舒服服的在家裡投票，然後寄回選票即可。

請今天就用數分鐘的時間，簽署附在此信的郵件投票申請表。在十月十五日之前用已付郵資的信封寄回。

謝謝你做一名熱心和認真的選民。

江俊輝 謹啟

附及，如果你是已登記的永久缺席選民，你無須理會包括在此資料包內的申請表。請記得在2011年十一月八日星期二投票。

VOTE-BY-MAIL BALLOT APPLICATION
 Department of Elections, City & County of San Francisco
NOVEMBER 8, 2011 MUNICIPAL ELECTION

To obtain a ballot, complete the information on this form. This application must be received by the San Francisco Department of Elections no later than 5:00 PM on Tuesday, November 1, 2011. Mail or fax application to:

City Hall, 1 Dr. Carlton B. Goodlett Place, Rm. 48, San Francisco, CA 94102-4634;
 Fax: (415) 554-4372.

1. Please Print: 2. Date of Birth: _____ / _____ / _____

LAST NAME _____ FIRST NAME _____ M.I. _____

3. Residence Address (in San Francisco County)
 _____ San Francisco, CA

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Number and Street (P.O. Box not acceptable) Zip Code

4. Telephone Number: () _____ () _____

Area Code Day Telephone Number Area Code Evening Telephone Number

5. PRINT MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

Note: Organizations distributing this form may not preprint mailing address information.

Number and Street/P.O. Box (Designate N, S, E, W if used) _____

City _____ State/Country _____ Zip Code _____

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT.
 I have not and will not apply for a ballot for this election by any other means. I certify, under penalty of perjury, laws of the State of California, that the name and residence address on this application are true and correct.

SIGNATURE: _____ DATE: _____

WARNING: Perjury is punishable by imprisonment in state prison for two, three, or four years. (CA Penal Code, Section 126)
 THIS FORM IS PROVIDED BY: Asian American Education Institute, P.O. Box 421886, San Francisco, CA 94142-1886, (415) 295-4731

For Official Use Only

**BARCODE VOTER'S ID # BY CAMPAIGN/
 ORGANIZATION
 (Optional)**

NOTICE

You have the legal right to mail or deliver this application directly to the local elections official where you reside.

Department of Elections
 1 Dr. Carlton B. Goodlett Place, Rm. 48
 San Francisco, CA 94102-4634
 Tel: (415) 554-4411 Fax: (415) 554-4372

Returning this application to anyone other than your elections official may cause a delay that could interfere with your right or ability to vote.

PERMANENT VOTE-BY-MAIL VOTER

Check here to become a Permanent Vote-by-Mail Voter. Any voter may request to be a Permanent Vote-by-Mail Voter. If you check the box above and sign here: _____ a ballot will automatically be sent to you for future elections. Failure to vote in two consecutive statewide general elections will cancel your Permanent Vote-by-Mail Voter Status and you will need to reapply. If you have questions concerning voting by mail, please call our office at (415) 554-4411. (CA Elections Code Section 3201 & 3206)

Format used on this application must be used by all individuals, organizations and groups that distribute vote-by-mail applications. (Elections Code, Sec. 3007) Failure to conform to this format may result in criminal prosecution. (Elections Code, Sec. 18402).

郵寄選票申請表
三藩市市縣選務處
2011年11月8日市政選舉

欲申請選票, 請將此表的資料填妥。

必須不遲於2011年11月1日的星期二下午5時正將此表寄回或傳真到選務處。

地址: City Hall, 1 Dr. Carlton D. Goodlett Place

Rm. 48, San Francisco, CA 94102-4634 傳真: (415) 554-4372

1. 請用英文正體拼寫: 2. 出生日期: _____ 月 _____ 日 _____ 年

姓 _____ 名 _____ 中間名 _____

3. 住址(在三藩市): _____ San Francisco, CA 94 _____ 門牌和街道(不接受郵箱號碼) 郵政編碼

4. 電話號碼 () _____ () _____ 區號 日間電話 區號 晚間電話

5. 郵寄地址(如果與上述地址不同):

注意: 團體派發此表格時不得預填郵寄地址資料。

門牌和街道/郵箱號碼 (如果有使用, 請注明東南西北)

城市 _____ 州/國家 _____ 郵政編碼 _____

此申請如沒有申請人的有效簽名將不會被接納

今次選舉本人沒有也將不會用任何其他方式申請選票。

本人根據偽證處罰法及加州法規特此聲明, 本申請表上的姓名、住址均真實正確。

簽名: _____ 日期: _____

警告: 作偽證者, 可被判處有期徒刑二、三或四年(《加州刑法》第126節)

此表格提供者: Asian American Institute, P.O. Box 421886, San Francisco, CA 94142-1886, (415) 295-4731

此欄只由選務處職員填寫

BARCODE VOTER'S ID # BY CAMPAIGN/
ORGANIZATION
(Optional)

注意

你有合法權利郵寄或直接遞送此表到您所在地的選務處。

選務處:

1 Dr. Carlton D. Goodlett Place #48

San Francisco, CA 94102-4634

電話: (415) 554-4367

傳真: (415) 554-4372

如將此表格交給別人而不交回您所在地的選務處, 可能引致延誤而影響您的選舉權利或能力。

永久郵寄投票選民

請在此欄的方格內劃勾以成為「永久郵寄投票選民」。

如果您在此欄的方格內劃勾並在此簽名

選務處會主動於每次選舉前將選票寄給您。如果您連續兩次沒有在全州普選中投票, 您的「永久郵寄投票選民」身份會被取消並且您須要再次申請。如果您對郵寄投票有任何疑問, 請致電我們的辦公室(415) 554-4367。(《加州選舉法典》第 3201 和第3206節)。

所有分發郵寄投票申請表的個人、組織或團體必須使用本表的格式(《選舉法典》第3007節)。違例者將遭到檢控(《選舉法典》第18402節)。