

ADDENDUM TO STATEMENT OF FACTS

Please send to Placer County Elections Division
Along with a copy of the Statement of Facts

District Name: _____

Telephone #: _____

Email: _____

Day/Time/Place of Board Meetings: _____

BOARD MEMBER (First, Last)	TRUSTEE AREA (If applicable)	Address	TELEPHONE NUMBER	YEAR TERM EXPIRES
		Residence:		
		Mailing:		
		Residence:		
		Mailing:		
		Residence:		
		Mailing:		
		Residence:		
		Mailing:		
		Residence:		
		Mailing:		
		Residence:		
		Mailing:		

Please check the appropriate box below. Directors are:

- Qualified and elected at large.
- Qualified by division/ward/trustee area, and elected at large.
- Qualified and elected by division/ward/trustee area.

BOARD MEMBERS RESIGNATIONS SINCE LAST REPORT	EFFECTIVE DATE	APPOINTED REPLACEMENT NAME	EFFECTIVE DATE