



California Secretary of State
BALLOT DESIGNATION WORKSHEET
 (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

This entire form **must be completed**, or it will not be accepted and you will not be entitled to a ballot designation. **DO NOT LEAVE ANY RESPONSE SPACES BLANK.** If information requested is not applicable, please write "N/A" in the space provided, otherwise the information **MUST** be provided. **UPON FILING, THIS WORKSHEET WILL BE A PUBLIC RECORD.**

Candidate Information 1

Candidate Name: Carol Scianna Gender (optional, for translation use only): Female
 Office: Winters City Council Email: cosmozz795@gmail.com
 Home Address: 310 Second St. Winters, CA 95694
 Mailing Address: same
 Business Address: NA
 Phone Number(s): NA Business: NA Home/Mobile: 5306812881 Fax: NA

Attorney Information 2

Attorney Name (or other person authorized to act on your behalf): NA
 Address: NA
 Phone Number(s): NA Business: NA Mobile: NA Fax: NA

You may select as your ballot designation one of the following designations:

- (a) Your current principal profession(s), vocation(s), or occupation(s) [maximum total of three words, separated by a slash ("/)].
- (b) The full title of the public office you currently occupy and to which you were elected.
- (c) "Appointed [full title of public office]" if you currently serve by appointment in an elective public office and are seeking election to the same office or to some other office.
- (d) "Incumbent" if you were elected (or, if you are a Superior Court Judge, you are a candidate for the same office that you hold) to your current public office and seek election to the same office.
- (e) "Appointed Incumbent" if you were appointed to your current elective public office and seek election to the same office.

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Proposed Ballot Designation(s) 3

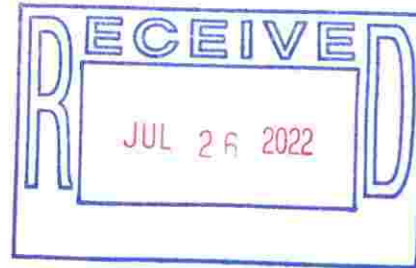
Proposed Ballot Designation(s): Retired Environmental Manager
 Alternate Ballot Designation(s) 1: NA
 Alternate Ballot Designation(s) 2: NA

In the spaces provided on the next page(s):

- (a) Describe why you believe you are entitled to use the proposed ballot designation.
- (b) If your proposed ballot designation contains one or more slashes ("/) separating words in your ballot designation for separate principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.
- (c) Attach any documents or exhibits that you believe support your proposed ballot designation.
- (d) If using the title of an elective office, attach a copy of your certificate of election or appointment.
- (e) Any supporting documents will not be returned to you. **Do not submit originals.**

It is your responsibility to justify your proposed ballot designation and to provide all requested details.

If your proposed ballot designation includes the word "volunteer," indicate the title of your volunteer position and the name of the entity for which you volunteer along with a brief description of the type of volunteer work you do and the approximate amount of time involved. You may only use the ballot designation "community volunteer" if you volunteer for a 501(c)(3) charitable, educational, or religious organization, a governmental agency or an educational institution. You may not use "community volunteer" together with another designation.





If your proposed ballot designation contains one or more slashes ("/") separating multiple principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.


Justification for use of Proposed Ballot Designation(s) If you are proposing alternate ballot designations, please provide justification for use of those on Page 3.

Justification for use of 1 st PVO: I was employed by City of Winters Public Works department for 16 years, retired in 2020	
Current or most recent job title:	Environmental Services Manage Start/End Dates: Aug 2004- June 2020
Employer Name or Business: City of Winters	
Person who can verify this information: Name: [REDACTED]	
Justification for use of 2 nd PVO: NA	
Current or most recent job title:	Start/End Dates:
Employer Name or Business:	
Person who can verify this information: Name: Phone Number(s): Email:	
Justification for use of 3 rd PVO: NA	
Current or most recent job title:	Start/End Dates:
Employer Name or Business:	
Person who can verify this information: Name: Phone Number(s): Email:	

Before signing below, answer/initial the following questions. Does your proposed ballot designation:

- | | | |
|---|---|-------------------|
| 1) Use only a portion of the title of your current elected office? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial <u>CS</u> |
| 2) Non-judicial candidates: Use only the word "incumbent" for an elective office to which you were appointed? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial <u>CS</u> |
| 3) Use more than three total words for your principal professions, vocations, or occupations? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial <u>CS</u> |
| 4) Suggest an evaluation of you, such as outstanding, leading, expert, virtuous, or eminent? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial <u>CS</u> |
| 5) Refer to a status (Veteran, Activist, Founder, Scholar), rather than a profession, vocation, or occupations? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial <u>CS</u> |
| 6) Abbreviate the word "retired"? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial <u>CS</u> |
| 7) Place the word "retired" after the words it modifies? Example: Accountant, retired | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial <u>CS</u> |
| 8) Use an word or prefix (except "retired") such as "former" or "ex-" to refer to a former profession, vocation, or occupation? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial <u>CS</u> |
| 9) Use the word "retired" along with a current profession, vocation, or occupation? Example: Retired Firefighter/Teacher | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial <u>CS</u> |
| 10) Use the name of a political party or political body? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial <u>CS</u> |
| 11) Refer to a racial, religious, or ethnic group? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial <u>CS</u> |
| 12) Refer to any activity prohibited by law? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Initial <u>CS</u> |

If the answer to any of these questions is "yes," your proposed ballot designation is likely to be rejected.

X  Date Signed: 7 | 26 | 22
 Candidate's Signature Month Day Year

For your reference, attached are Elections Code sections 13107, 13107.3, and 13107.5, and California Code of Regulations (CCR), title 2, section 20711. You also may wish to consult CCR, title 2, sections, 20712-20719 (found at www.sos.ca.gov).



COMPLETE THIS PAGE ONLY IF one or more Alternate Ballot Designation(s) are provided. If this page is not applicable, please initial: CS

Justification for
 Alternate Ballot
 Designation(s) 1

A

Justification for use of 1 st PVO:		
Current or most recent job title:		Start/End Dates:
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 2 nd PVO:		
Current or most recent job title:		Start/End Dates:
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 3 rd PVO:		
Current or most recent job title:		Start/End Dates:
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:

Justification for
 Alternate Ballot
 Designation(s) 2

B

Justification for use of 1 st PVO:		
Current or most recent job title:		Start/End Dates:
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 2 nd PVO:		
Current or most recent job title:		Start/End Dates:
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email:
Justification for use of 3 rd PVO:		
Current or most recent job title:		Start/End Dates:
Employer Name or Business:		
Person who can verify this information:		
Name:	Phone Number(s):	Email: