



**Reclamation District No. 1000**  
**OFFICIAL FILING PETITION**  
(Water Code § 50731.6)  
**NOMINATION OF CANDIDATE**  
**LAND ASSESSMENT SEAT**

We, the undersigned voters of Reclamation District No. 1000, hereby nominate  
\_\_\_\_\_ for the office of Trustee, Land Assessment Seat, of said  
Reclamation District No. 1000 for a term of four (4) years.

Name	Date	Residence	Signature

Name	Date	Residence	Signature

Name	Date	Residence	Signature

Name	Date	Residence	Signature

Name	Date	Residence	Signature

Name	Date	Residence	Signature

Name	Date	Residence	Signature

Note: ALL pages of this petition must be filled out to be considered complete.

**AFFIDAVIT OF  
CIRCULATOR/NOMINEE**

State of California )  
County of \_\_\_\_\_) ss.

\_\_\_\_\_, (name of circulator), being duly sworn, deposes and says: That (he/she/they) circulated the foregoing petition and saw all the signatures appended thereto and knows that they are signatures of the persons whose names they purport to be.

\_\_\_\_\_  
(Signature of circulator)

\_\_\_\_\_, (name of nominee), being duly sworn, says that (he/she/they) is/are the above-named nominee for the office of TRUSTEE, that (he/she/they) will accept the office in the event of election, and desires (his/her/their) name to appear on the ballot as follows:

\_\_\_\_\_  
(Print name above)

That he/she/they desires the following occupational designation, containing not more than three words, to appear on the ballot under his/her/their name, and that this designation is correct.

\_\_\_\_\_  
(Print desired designation, if any, above)

\_\_\_\_\_  
(Signature of nominee)

Dated this \_\_\_ day of \_\_\_\_\_, 2024.

**California Jurat**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of \_\_\_\_\_)

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
*Date* *Month* *Year*

by \_\_\_\_\_

\_\_\_\_\_  
*Name of Signer(s)*

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_  
Signature of Notary Public (Seal)

-----**Optional**-----

*Though this section is optional, completing this information can deter alteration of the document or fraudulent attachment of this form to an unintended document*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Document Date: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_