# County of San Diego Independent Redistricting Commission

This is your application to serve as a Commissioner on the County of San Diego's 2020-2021 Independent Redistricting Commission.

Read the tips below to	First Name
make sure your	THSC Nume
application is complete.	Last Name

#### Make sure you have all the pages.

There are nine (9) total pages that make up this application, including this page. The pages are numbered in the bottom right corners.

**Initial the top right corner of pages 2-9 in the "Initial Here" box.** This will make sure your application stays together.

**Print clearly and legibly or type your application.** Doing so will speed up processing time. Unclear handwriting may cause delays.

Don't know if you're eligible to serve on the County's Redistricting Commission? Among other requirements, you must be a registered voter in San Diego County to serve on the Commission. See page 3 for more details.

**Questions?** Learn more at www.sandiegocounty.gov/redistricting or redistricting@sdcounty.ca.gov.

This application must be received no later than Friday, July 31, 2020, at 5 p.m. See page 9 for submittal instructions.



#### County of San Diego Independent Redistricting Commission



#### **Application Timeline**

Applications must be received by the San Diego County Clerk of the Board of Supervisors no later than 5 p.m.

From the pool of qualified applicants, the Clerk of the Board of Supervisors will post the names of the 60 most qualified applicants. The names will be posted online for at least 30 days.

October 13, 2020

The Clerk of the Board of Supervisors will conduct a random drawing of the qualified applicants at the Board of Supervisors meeting to select eight Commissioners.

October 22 and

November 5, 2020

Applications must be received by the San Diego County Clerk of the Board of Supervisors will spend of Supervisors will be posted only be

#### **Important Things to Know**

A. Tell us About Yourself

- The questions in this application ensure you are eligible to serve on the Commission.
- Answer the questions to the best of your ability.

First Name:	Last Name:
Address (when	re you are registered to vote)
Street Address:	
City:	
State:	Zip Code:
Mailing Add	ress (if different than the address listed above)
Street Address:	
City:	
State:	Zip Code:
Contact Info	rmation
Phone 1:	Type:
Phone 2:	Type:
F-mail:	

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B. How This App	lication Will E	3e Used
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I unders	tand the contents of this application may be made available to the public.		☐ Yes, I Inderstand		
I understand that while this application is a public document, my personal e-mail address, street address, and phone number(s) will be kept confidential to the extent authorized by law.					
	stions to Determine Eligibility				
heck the	ent Code section 21550 sets forth certain qualifications to serve on this Co e appropriate box for each question. Applicants may be asked to verify and spoints in the process.				
1.	Are you a resident of the County of San Diego?	☐ Yes	□ No		
2.	Which supervisorial district do you live in?  If you're not sure, visit www.sandiegocounty.gov, click on "Find My District" unde Board of Supervisors, and enter your address in the top right of the web page.	r the	□ 1 □ 2 □ 3 □ 4 □ 5		
3.	Which political party are you currently registered?				
	$\square$ Democratic $\square$ Republican $\square$ American Independent $\square$ Gree	n 🗆 L	ibertarian		
	☐ Peace and Freedom ☐ Other:				
	$\square$ I am not registered with a political party (non-partise	an)			
4.	Have you been continuously registered to vote in the County of San Diego with the same political party preference or with no political party preference and have not changed your political party preference for at least five years?  If you're not sure, you can check your voter registration at www.sdvote.com.	□ Yes	□ No		
5.	Have you voted in at least one of the last three statewide elections immediately preceding your application to be a member of the Commission?	□ Yes	□ No		
xplanat	ory Notes: If necessary, you may further explain answers to the questions a	above.			

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6.	6. Within the 10 years immediately preceding the date of this application to the Commission, have either you, or an immediate family member, done any of the following? For purposes of these questions, immediate family members means a spouse, child, in-law, parent, or sibling.  You are not eligible to serve on the Commission if you answer "Yes" to any of the following:				
	a.	Been appointed to, elected to, or have been a candidate for office at the local, state, or federal level representing the County of San Diego, including as a member of the Board of Supervisors.	☐ Yes	□ No	
	b.	Served as an employee of, or paid consultant for, an elected representative at the local, state, or federal level representing the County of San Diego.	☐ Yes	□ No	
	c.	Served as an employee of, or paid consultant for, a candidate for office at the local, state, or federal level representing the County of San Diego.	☐ Yes	□ No	
	d.	Served as an officer, employee, or paid consultant of a political party or as an appointed member of a political party central committee.	☐ Yes	□ No	
	e.	Been a registered federal, state, or local lobbyist	☐ Yes	□ No	
Expla	nato	ry Notes: If necessary, you may further explain answers to the questions a	bove.		



#### **D. Experience Qualifications**

State law requires candidates demonstrate experience in areas related to redistricting. Please provide responses to the following questions.

redistricting process and voting rights, and demonstrates your ability to comprehend and apply the applicable state and federal legal requirements?						
apply the applicable state and rederal legal requirements:						

You are encouraged to limit your response to one page, however if more space is needed, you may attach an additional page.

#### County of San Diego Independent Redistricting Commission



2.	What experience do you possess that demonstrates an ability to be impartial?				

You are encouraged to limit your response to one page, however if more space is needed, you may attach an additional page.

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You are encouraged to limit your response to one page, however if more space is needed, you may attach an additional page.

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#### **E.** Demographic Information

Providing this information is optional. You may select "decline to state" for each answer. Elections Code section 21550(g)(2) requires six of the 14 appointees, in addition to meeting minimum requirements, be chosen in a way that ensures the Commission reflects the County's diversity, including racial, ethnic, geographic, and gender diversity. However, formulas or specific ratios shall not be applied for this purpose.

1.	Ple:	ase describe your ethnic origin. Mark one or more boxes.  BLACK/AFRICAN AMERICAN: All persons having origins in any of the original Black racial groups of Africa.
		HISPANIC/LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
		ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
		NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
		AMERICAN INDIAN/ALASKA NATIVE: All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural affiliation or community recognition.
		WHITE (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
		Prefer to Self-Describe:
		Decline to state
2.	Wh	nat is your date of birth?
3.	Sel	ect the gender you identify as:
		Female Male
		Non-binary
	П	Decline to state

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#### F. Signature

By signing below, I declare under penalty of perjury that the answers provided in this application are true to the best of my knowledge.

First Name:	Last Name:		
Signature:		Date:	_

#### **G. Submittal**

Completed applications must be received by the Clerk of the Board of Supervisors no later than Friday, July 31, 2020 at 5 p.m. Double check your answers in the application; once submitted, applications cannot be amended. Remember that you must answer <u>all questions</u> on this application to be considered for the Commission. Incomplete applications will not be considered.

**Option 1:** Mail or drop off the signed paper copy of your completed application to:

County of San Diego Clerk of the Board of Supervisors Redistricting Commission 1600 Pacific Highway, Room 402 San Diego, CA 92101-2471 (619) 531-5434

Postmarks are not accepted. Applications must be received by the Clerk of the Board by the due date.

**Option 2:** E-mail your completed application.

Ensure the application is signed, then e-mail the application to: <a href="mailto:redistricting@sdcounty.ca.gov">redistricting@sdcounty.ca.gov</a>.

Applications must be received by Friday, July 31, 2020, at 5:00 p.m.