

NOTICE PUBLICATION/REGULATIONS SUBMISSION

REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2017-0822-12	REGULATORY ACTION NUMBER 2017-1130-065	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY SECRETARY OF STATE		AGENCY FILE NUMBER (If any)	

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

JAN 11 2018

3:13 PM

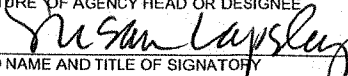
A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE VOTE-BY-MAIL BALLOT DROP BOXES AND LOCATION		TITLE(S) 2	FIRST SECTION AFFECTED 20130	2. REQUESTED PUBLICATION DATE 9/1/17
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON ROBBIE ANDERSON		TELEPHONE NUMBER 916-657-2166	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE		NOTICE REGISTER NUMBER 2017, 35-2	PUBLICATION DATE 9/1/2017

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) VOTE-BY-MAIL BALLOT DROP BOXES AND VOTE-BY-MAIL DROP OFF LOCATION		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) N/A	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT 20130, 20131, 20132, 20133, 20134, 20135, 20136, 20137, 20138	
TITLE(S) 2		AMEND N/A	
3. TYPE OF FILING		REPEAL N/A	
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only			
ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) NOVEMBER 9, 2017 THROUGH NOVEMBER 27, 2017			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) <input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY <input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> State Fire Marshal			
7. CONTACT PERSON ROBBIE ANDERSON		TELEPHONE NUMBER (916) 657-2166	FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) AANDERSO@SOS.CA.GOV

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

 TYPED NAME AND TITLE OF SIGNATORY
 SUSAN LAPSLEY, DEPUTY SECRETARY OF STATE

DATE
NOVEMBER 30, 2017

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ENDORSED-APPROVED

JAN 11 2018

Office of Administrative Law