



REGISTRAR OF VOTERS

# Pulling VBM Envelopes for Cure Statement Processing

PROCEDURE DOCUMENT – Version 1.1

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# Pulling VBM Envelopes for Cure Statement Processing

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## Scope

This procedure is only to be used in the Ballot Department and is not applicable to any other departments. It was designed for the Challenged Ballot Audit Team Lead and any other team members assigned to collect envelopes for the cure statement audit process. This procedure does not cover all possible scenarios but will outline the most common occurrences.

## Purpose

The purpose of this procedure is to outline the steps to follow during the gathering of Cure Statements for the Challenged Ballot Resolution Team.

## Supplies

- One Foot Mail Tray with the following items in the tray
  - VBM Envelope Pull List
  - Statement Tray Tag clipped to the mail tray
  - Statements Associated with the Pull List
- Yellow Highlighter
- Black Pen
- Black Cart
- DIMS.net

## Pulling VBM Envelopes for Cure Statements

The Resolution Team will inform and provide the Challenged Ballot Audit Team lead(s) when they have Cure Statements that need to be paired with envelopes to complete their process on overturning NMS, NVS, and NID challenges to Valid. The pull list created by the Resolution team will be listed by cure statement type: SVS, UIES or NID. The challenged envelopes are placed in the baker's rack staged in the audit area behind the Valid Overturned VBM envelopes.

1. Select one mail tray from the cure statement bakers rack shelf labeled "Ready to be Pulled."
2. Make sure the pull list, and the statements associated with the pull list are in the one-foot mail tray.
3. The batches will have a different color slip according to the challenge type.
  - SVS Statements → will get a GREEN batch control slip.
  - NID Statements → will get a WHITE batch control slip.
  - UIES Statements → will get a YELLOW batch control slip.

Voter Correspondence		Signature Verification Statement (SVS) - Batch # _____	
<b>RETURN SOURCE</b>		<b>Election:</b> _____	
<input type="checkbox"/> MAIL	<b>SVS</b>	<b>Return Date:</b> _____	
<input type="checkbox"/> OFFICE			
<input type="checkbox"/> POLLS			
<input type="checkbox"/> DROPBOX			
<input type="checkbox"/> FAX			
<input type="checkbox"/> EMAIL			
<input type="checkbox"/> EARLY VOTE			
<input type="checkbox"/> TOTAL		<b>Count:</b> _____	
<b>WORKFLOW</b>		<b>Duplicate(s):</b> _____	
1. BATCHED BY: _____		<b>UBS:</b> _____	
2. AUDITED BY: _____ & _____		Date: _____	
3. SCANNED BY: _____		Date: _____	
4. ATTACHED BY: _____		Date: _____	
5. QC'D BY: _____		Date: _____	

Voter Correspondence		Need Identification (NID) - Batch # _____	
<b>RETURN SOURCE</b>		<b>Election:</b> _____	
<input type="checkbox"/> MAIL	<b>NID</b>	<b>Return Date:</b> _____	
<input type="checkbox"/> OFFICE			
<input type="checkbox"/> POLLS			
<input type="checkbox"/> DROPBOX			
<input type="checkbox"/> FAX			
<input type="checkbox"/> EMAIL			
<input type="checkbox"/> EARLY VOTE			
<input type="checkbox"/> TOTAL		<b>Count:</b> _____	
<b>WORKFLOW</b>		<b>Duplicate(s):</b> _____	
1. BATCHED BY: _____		<b>UBS:</b> _____	
2. AUDITED BY: _____ & _____		Date: _____	
3. SCANNED BY: _____		Date: _____	
4. ATTACHED BY: _____		Date: _____	
5. QC'D BY: _____		Date: _____	

Voter Correspondence		Unsigned Identification Envelope Statement (UIES) - Batch # _____	
<b>RETURN SOURCE</b>		<b>Election:</b> _____	
<input type="checkbox"/> MAIL	<b>UIES</b>	<b>Return Date:</b> _____	
<input type="checkbox"/> OFFICE			
<input type="checkbox"/> POLLS			
<input type="checkbox"/> DROPBOX			
<input type="checkbox"/> FAX			
<input type="checkbox"/> EMAIL			
<input type="checkbox"/> EARLY VOTE			
<input type="checkbox"/> TOTAL		<b>Count:</b> _____	
<b>WORKFLOW</b>		<b>Duplicate(s):</b> _____	
1. BATCHED BY: _____		<b>UBS:</b> _____	
2. AUDITED BY: _____ & _____		Date: _____	
3. SCANNED BY: _____		Date: _____	
4. ATTACHED BY: _____		Date: _____	
5. QC'D BY: _____		Date: _____	

**Unsigned Identification Envelope Statement**

• Mail or deliver by 5 p.m. on Monday, September 11, 2023 to:  
San Bernardino County Registrar of Voters  
777 East Rialto Avenue, San Bernardino, CA 92415

• Fax by 5 p.m. on Monday, September 11, 2023 to:  
(909) 387-3330 Attn: Ballot Department

• Email a picture or scanned copy by 5 p.m. on Monday, September 11, 2023 to:  
SigVer@SBCountyElections.com

4. Pull the VBM envelopes from the “Cure Letter Mailing Staging Do Not Move” area using the envelope pull list in the tray.
  - SVS (Green slip) → pull from the NMS trays.
  - NID (White slip) → pull from the NID trays.
  - UIES (Yellow slip) → pull from the NVS trays.
5. Place the pulled VBM envelopes in the 1-foot mail tray.
6. Highlight the AVID and voters’ name on the pull list once it is pulled.

Envelope Pull List

Election ID 4136 Election Name: General Election Election Date: 11/8/2022

Return Batch 300900

NMS

AVID Order	AVID	Voter	Current Challenge	Voter ID	Scan Order
1.	45451111	MR NOBODY		464565	3
2.	45641236	MRS HOME V BOYTON		5456218	9
3.	45472596	MR POKER POPPIMPLE		564315	27
4.	45474990	MRS LOFFA TONDU		954682	19
5.	45472596	MISS NEVERA GIVINGTON		987456	7
6.	59143652	MRS GRAPE R TOKER		987685	11
7.	56169315	MISS JANIVE NICERTOWN		913157	20

Monday, September 18, 2023 11:55:38 AM E+314

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**Note:** If an envelope cannot be found, pair with the Resolution Team lead to determine if the envelope has already been overturned to Valid. If it has already been validated, you will not need to look for this envelope.

If you still cannot locate the envelope, look for the envelope using the "Where to Find Misplaced VBM Envelopes Guide".

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7. Match each cure statement report with its VBM envelope.
8. Place the cure statement under each VBM envelope and in the 1-foot mail tray.

AV ID: 638275  
Voter ID: 63324727  
Name: MR. MATTHEW KANSER

### Signature Verification Statement 2021 California Gubernatorial Recall Election

In order for your ballot to be counted, please follow the steps below.

**Step 1: Fill out your personal information**

Print Name: \_\_\_\_\_

**Declaration of Voter / Declaración del Votante**

I declare under the Penalty of Perjury under the laws of the State of California that I am the person whose name appears on this envelope, that I am a resident of the precinct in which I am voting, made at the address shown, and have neither applied for nor intend to apply for a mail ballot from any other jurisdiction for the election.

**Warning:**

- Your ballot will not be counted unless you sign in your own handwriting. Your signature must compare to your signature on file at the Registrar of Voters office.
- Using false constitutes a crime.

**Advertencias:**

- No se contará su boleta a menos que la firme con su propia letra. Su firma debe ser comparable a su firma registrada en la oficina del Registro de Votantes.
- Usar otra letra constituye un delito.

\_\_\_\_\_  
Voter's Signature / Firma del Votante

\_\_\_\_\_  
Date / Fecha

**Authorized Return Agent / Agente de Devolución Autorizado**

A voter who is unable to return this ballot may designate a person to return the ballot by mail, provided the person is a resident of the precinct in which the voter is voting, made at the address shown, and have neither applied for nor intend to apply for a mail ballot from any other jurisdiction for the election.

Print name of the authorized person: \_\_\_\_\_  
Relationship to the voter: \_\_\_\_\_  
Signature of the authorized person: \_\_\_\_\_  
Firma de la persona autorizada: \_\_\_\_\_

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777 East Rialto Avenue, San Bernardino, CA 92415

- Fax to: (909) 387-3330 Attn: Ballot
- Email a picture or scanned copy of this statement to: [sigver@sbcountyelections.com](mailto:sigver@sbcountyelections.com)

AV ID: <av\_election\_id>  
Voter ID: <voter\_id>  
Name: <Voter>

### Unsigned Identification Envelope Statement 2023 Consolidated Mail Ballot Election

In order for your ballot to be counted, follow the steps below.

**Step 1: Fill out your personal information**

Print Name: \_\_\_\_\_

**Declaration of Voter / Declaración del Votante**

I declare under the Penalty of Perjury under the laws of the State of California that I am the person whose name appears on this envelope, that I am a resident of the precinct in which I am voting, made at the address shown, and have neither applied for nor intend to apply for a mail ballot from any other jurisdiction for the election.

**Warning:**

- Your ballot will not be counted unless you sign in your own handwriting. Your signature must compare to your signature on file at the Registrar of Voters office.
- Using false constitutes a crime.

**Advertencias:**

- No se contará su boleta a menos que la firme con su propia letra. Su firma debe ser comparable a su firma registrada en la oficina del Registro de Votantes.
- Usar otra letra constituye un delito.

\_\_\_\_\_  
Voter's Signature / Firma del Votante

\_\_\_\_\_  
Date / Fecha

**Authorized Return Agent / Agente de Devolución Autorizado**

A voter who is unable to return this ballot may designate a person to return the ballot by mail, provided the person is a resident of the precinct in which the voter is voting, made at the address shown, and have neither applied for nor intend to apply for a mail ballot from any other jurisdiction for the election.

Print name of the authorized person: \_\_\_\_\_  
Relationship to the voter: \_\_\_\_\_  
Signature of the authorized person: \_\_\_\_\_  
Firma de la persona autorizada: \_\_\_\_\_

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777 East Rialto Avenue, San Bernardino, CA 92415

- Fax by 5 p.m. on Monday, September 11, 2023 to: (909) 387-3330 Attn: Ballot Department
- Email a picture or scanned copy by 5 p.m. on Monday, September 11, 2023 to: [SigVer@SBCountyElections.com](mailto:SigVer@SBCountyElections.com)

9. Once all the cure statement reports have been paired with their VBM envelope, place the Envelope Pull List and batch slip on top of the statements and VBM envelopes.
10. Return the one-foot mail tray back to the cure statement baker's rack and place it in the **"Ready To Be Processed"** shelf.
11. Notify Resolution team leads that the VBM envelopes are ready.

## Authorization

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