



# MENDOCINO COUNTY BOARD OF SUPERVISORS ONLINE AGENDA SUMMARY

BOARD AGENDA # 4(c)

-Arrangements for public hearings and timed presentations must be made with the Clerk of the Board in advance of public/media noticing  
 -Agenda Summaries must be submitted no later than *noon* Monday, 15 days prior to the meeting date (along with electronic submittals)  
 -Send 1 complete original single-sided set and 1 photocopy set – Items must be signed-off by appropriate departments and/or Co. Co.  
*Note: If individual supporting document(s) exceed 25 pages each, or are not easily duplicated, please provide 7 hard-copy sets)*  
 -Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: [bosagenda@co.mendocino.ca.us](mailto:bosagenda@co.mendocino.ca.us)  
 -Electronic Transmission Checklist: ☐ Agenda Summary ☐ Records ☐ Supp. Doc. ☐ If applicable, list other online information below  
 -Executed records will be returned to the department within one week. *Arrangements for expedited processing must be made in advance*

TO: Board of Supervisors DATE: March 8, 2012

FROM: Susan M. Ranochak, Assessor-Clerk Recorder MEETING DATE: March 27, 2012

DEPARTMENT RESOURCE/CONTACT: Sue Ranochak PHONE: 4371 Present ☐ On Call ☒  
 PHONE: \_\_\_\_\_

Consent Agenda ☒ Regular Agenda ☐ Noticed Public Hearing ☐ Time Allocated for Item: \_\_\_\_\_

■ **AGENDA TITLE: CERTIFICATION OF THE MARCH 6, 2012 SPECIAL ALL MAIL ELECTION IN THE CITY OF FORT BRAGG**

■ **PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:** None

■ **SUMMARY OF REQUEST:** Attached for approval is the "Certificate of County Clerk to Result of the Canvass" and the "Machine County and Hand Tally Comparison" for the MARCH 6, 2012 SPECIAL ALL MAIL CITY OF FORT BRAGG ELECTION.

■ **SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT:**

■ **ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE):** ☐

FISCAL IMPACT:			
Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
			Yes <input type="checkbox"/> No <input type="checkbox"/>

■ **SUPERVISORIAL DISTRICT:** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All ☒ ■ **VOTE REQUIREMENT:** Majority ☐ 4/5ths ☐

■ **RECOMMENDED ACTION/MOTION:** Recommend that the election certification be approved and entered into the board minutes.

■ **ALTERNATIVES:**

■ **CEO REVIEW (NAME):** \_\_\_\_\_ **PHONE:** 463-4441

**RECOMMENDATION:** Agree ☐ Disagree ☐ No Opinion ☐ Alternate ☐ Staff Report Attached ☐

**BOARD ACTION (DATE: \_\_\_\_\_):** ☐ Approved ☐ Referred to \_\_\_\_\_ ☐ Other \_\_\_\_\_

**RECORDS EXECUTED:** ☐ Agreement: \_\_\_\_\_ ☐ Resolution: \_\_\_\_\_ ☐ Ordinance: \_\_\_\_\_ ☐ Other \_\_\_\_\_