

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: 179572
 NAME: Robert H. Tyler
 FIRM NAME: Advocates for Faith & Freedom
 STREET ADDRESS: 25026 Las Brisas Road
 CITY: Murrieta STATE: CA ZIP CODE: 92562
 TELEPHONE NO.: 951.600.2733 FAX NO.: 951.600.4966
 E-MAIL ADDRESS: btyler@faith-freedom.com; eplotnik@tylerlawllp.com
 ATTORNEY FOR (name): Petitioners

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO
 STREET ADDRESS: 720 9th Street
 MAILING ADDRESS:
 CITY AND ZIP CODE: Sacramento 95814
 BRANCH NAME: Gordon D. Schaber Courthouse

PLAINTIFF/PETITIONER: ELECTION INTEGRITY PROJECT CALIFORNIA, et al.
 DEFENDANT/RESPONDENT: SHIRLEY WEBER, et al.

REQUEST FOR DISMISSAL

FOR COURT USE ONLY

FILED ENDORSED
 JAN - 6 2025
 By M. GARCIA
 Deputy Clerk

CASE NUMBER:
 24WM000168

A conformed copy will not be returned by the clerk unless a method of return is provided with the document.

This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.760 and 3.770.)

1. TO THE CLERK: Please **dismiss** this action as follows:

- a. (1) With prejudice (2) Without prejudice
- b. (1) Complaint (2) Petition
- (3) Cross-complaint filed by (name): on (date):
- (4) Cross-complaint filed by (name): on (date):
- (5) Entire action of all parties and all causes of action
- (6) Other (specify):* Aimee X. Expinoza, Kern County Auditor-Controller-County Clerk

2. (Complete in all cases except family law cases.)

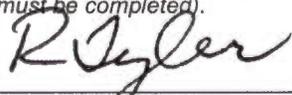
The court did did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed.)

Date: December 20, 2024

Robert H. Tyler

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

*If dismissal requested is of specified parties only of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed


 (SIGNATURE)

Attorney or party without attorney for:
 Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant

3. TO THE CLERK: Consent to the above dismissal is hereby given.**

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

** If a cross-complaint - or Response (Family Law) seeking affirmative relief - is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 581 (i) or (j).


 (SIGNATURE)

Attorney or party without attorney for:
 Plaintiff/Petitioner Defendant/Respondent
 Cross-Complainant

4. Dismissal entered as requested on (date):

5. Dismissal entered on (date):

JAN -- 6 2025
 as to only (name):

6. Dismissal **not** entered as requested for the following reasons (specify):

7. a. Attorney or party without attorney notified on (date): JAN -- 6 2025

b. Attorney or party without attorney not notified. Filing party failed to provide
 a copy to be conformed means to return conformed copy

Date: JAN -- 6 2025

Clerk, by  M. GARCIA, Deputy

Electronically Received 1/20/2024 03:28 PM

PLAINTIFF/PETITIONER: ELECTION INTEGRITY PROJECT CALIFORNIA, et al.
DEFENDANT/RESPONDENT: SHIRLEY WEBER, et al.

CASE NUMBER:
24WWM000168

COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover \$10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

Declaration Concerning Waived Court Fees

1. The court waived court fees and costs in this action for *(name)*:
2. The person named in item 1 is *(check one below)*:
 - a. not recovering anything of value by this action.
 - b. recovering less than \$10,000 in value by this action.
 - c. recovering \$10,000 or more in value by this action. *(If item 2c is checked, item 3 must be completed.)*
3. All court fees and court costs that were waived in this action have been paid to the court *(check one)*: Yes No

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)

(SIGNATURE)

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PROOF OF SERVICE

I am an employee in the County of Riverside. I am over the age of 18 years and not a party to the within entitled action; my business address is 25026 Las Brisas Road, Murrieta, California 92562.

On December 20, 2024, I served a copy of the following document(s) described as **REQUEST FOR DISMISSAL AS TO AIMEE X. EXPINOZA, KERN COUNTY AUDITOR-CONTROLLER-COUNTY CLERK** on the interested party(ies) in this action as follows:

SEE ATTACHED SERVICE LIST

BY E-MAIL OR ELECTRONIC TRANSMISSION. Based on a court order or an agreement of the parties to accept service by e-mail or electronic transmission, I transmitted copies of the above-referenced document(s) on the interested parties in this action by electronic transmission. Said electronic transmission reported as complete and without error.

BY UNITED STATES POSTAL SERVICE. I am readily familiar with the practice for collection and processing of correspondence for mailing and deposit on the same day in the ordinary course of business with the United States Postal Service. Pursuant to that practice, I sealed in an envelope, with postage prepaid and deposited in the ordinary course of business with the United States Postal Service in Murrieta, California, the above-referenced document(s).

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and that I am an employee in the office of a member of the bar of this Court who directed this service.



Susan Y. Kenney

1 SERVICE LIST

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