		MIC-030
- Raymond I	ATY WITHOUT ATTORNEY (Name, State Bar number, and address): Lutz, pro per	FOR COURT USE ONLY
1010 Old C El Cajon, C		
TELEPHON	IE NO.: 619-820-5321 FAX NO. (Optional):	committee of the commit
	otional): raylutz@citizensoversight.org	Aut.
ATTORNEY FOR (		4 (200) 4 (200) 4 (200)
SUPERIOR CO	URT OF CALIFORNIA, COUNTY OF San Diego	**************************************
	oress: Hall of Justice	e many fraction p <sup>th</sup> eres
	ORESS: 330 W. Broadway CODE: San Diego, CA 92101	्र <sub>वि</sub> रुवर्षी स*
	NAME: Central	
CASE N	AME:	
Petition of I	Lutz to Contest Election	
	SUBSTITUTION OF ATTORNEY—CIVIL	CASE NUMBER:
	(Without Court Order)	37-2016-00023347-CU-PT-CTL
a. Name: R c. Address 1010 C El Cajo d. Telephor	representative Party is representing self* Attorney Raymond Lutz b. State Bar No. ( (number, street, city, ZIP, and law firm name, if applicable): Old Chase Ave on, CA 92020 ne No. (include area code): 619-820-5321	ame): SIMPICH, WILLIAM M  if applicable):  petitioner respondent other (specify):
	*NOTICE TO PARTIES APPLYING TO REPRESENT	
	Conservator     Probate fiduciary     U	uardian ad litem nincorporated ssociation
	pplying as one of the parties on this list, you may NOT act as you e one attorney for another attorney. SEEK LEGAL ADVICE BEFO	
•	NOTICE TO PARTIES WITHOUT ATTOM A party representing himself or herself may wish to seek leg- timely and appropriate action in this case may result in serio	al assistance. Failure to take
4. I consent to	o this substitution.	00
Date: Oct		
Raymond La		Alaurum or more
	(TYPE OR PRINT NAME)	(\$IGNATURE OF PARTY)
	nsent to this substitution. 10/16/17	
	WILLIAM M	
	(TYPE OR PRINT NAME)	(SIGNATURE OF FORMER ATTORNEY)
6.   I cons	sent to this substitution.	
Date:		•
	(TYPE OR PRINT NAME) (See reverse for proof of service by mail)	(SIGNATURE OF NEW ATTORNEY)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
- Raymond Lutz, pro per	
1010 Old Chase Ave	
El Cajon, CA 92020	
	स्थाली १ वर्षी
TELEPHONE NO.: 619-820-5321 FAX NO. (Optional):	्रिं । १६ म १ <u>८</u> क्र
E-MAIL ADDRESS (Optional): raylutz@citizensoversight.org	
ATTORNEY FOR (Name):	सुव्यक्तिः सुरु गुरुवर्षः
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego	among Second
STREET ADDRESS: Hall of Justice	केश जेर्न   क्रीडिट्ड   इ. कार्यार्थ
MAILING ADDRESS: 330 W. Broadway	The Sunt Sq. sq. scott C
CITY AND ZIP CODE: San Diego, CA 92101	35
BRANCH NAME: Central	
CASE NAME:	
Petition of Lutz to Contest Election	
SUBSTITUTION OF ATTORNEY—CIVIL	CASE NUMBER:
(Without Court Order)	37-2016-00023347-CU-PT-CTL
2. New legal representative a. Name: Raymond Lutz b. State Bar No. c. Address (number, street, city, ZIP, and law firm name, if applicable): 1010 Old Chase Ave El Cajon, CA 92020 d. Telephone No. (include area code): 619-820-5321	
*NOTICE TO PARTIES APPLYING TO REPRESEN*  • Guardian  • Personal Representative  •	T THEMSELVES  Guardian ad litem
Conservator     Probate fiduciary	Unincorporated
Trustee     Corporation	association
If you are applying as one of the parties on this list, you may NOT act as yo to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEF	ORE APPLYING TO REPRESENT YOURSELF.
A party representing himself or herself may wish to seek to timely and appropriate action in this case may result in se	egal assistance. Failure to take
4. I consent to this substitution.	
Date: Oct 16, 2017	COD-
Raymond Lutz	
(TYPE OR PRINT NAME)	(SJANATURE OF PARTY)
5. I consent to this substitution.	~ .
Date:	(1) XD
BAIN, DWANA SIMONE	(A) on
(TYPE OR PRINT NAME)	(SIGNATURE OF FORMER ATTORNEY)
6. I consent to this substitution.	•
Date:	
	(DICALATI IDE OF NEW ATTORNEY)
(TYPE OR PRINT NAME)	(SIGNATURE OF NEW ATTORNEY)

CASE NAME:

— AFFIDAVIT OF CONTEST OF RAYMOND LUTZ

PROOF OF SEE

CASE NUMBER:

37-2016-00023347-CU-PT-CTL

## PROOF OF SERVICE BY MAIL Substitution of Attorney—Civil

Instructions: After having all parties served by mail with the Substitution of Attorney—Civil, have the person who mailed the document complete this Proof of Service by Mail. An <u>unsigned</u> copy of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney—Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the Proof of Service by Mail.

1. I am over the age of 18 and **not a party to this cause.** I am a resident of or employed in the county where the mailing occurred. My residence or business address is *(specify)*:

1010 Old Chase Ave, El Cajon, CA 92020

- 2. I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.
  - (1) Date of mailing: Oct 26, 2017
- (2) Place of mailing (city and state):
- 3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: Oct 26, 2017

Jill Lutz

(TYPE OR PRINT NAME)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

- 4. a. Name of person served:
  - b. Address (number, street, city, and ZIP):

5600 Overland Ave

San Diego, CA 92123

- c. Name of person served: Hillary Rodham Clinton
- d. Address (number, street, city, and ZIP):

Post Office Box 5256

New York, NY 10185

- e. Name of person served: Sen. Bernie Sanders
- f. Address (number, street, city, and ZIP):

U.S. Senate, 332 Dirksen Building,

Washington, D.C. 20510

- g. Name of person served:
- h. Address (number, street, city, and ZIP):
- i. Name of person served:
- j. Address (number, street, city, and ZIP):

List of names and addresses continued in a	attachment
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