Date | | | Committee Member Who Completed This Form:_____

Number of Credentialed Voters_____ | | Number of Ballots Cast This Box, This Race_____

EXAMPLE:

//// ////	//// ////	//// ////	//// ////	//// ////	//// ////	//// ////	//// ////	//// //		87
										SUB/TOTAL
10	20	30	40	50	60	70	80	90	100	
110	120	130	140	150	160	170	180	190	200	
210	220	230	240	250	260	270	280	290	300	
310	320	330	340	350	360	370	380	390	400	
410	420	430	440	450	460	470	480	490	500	