Election Record for District Number:_____for the Office of: Date:

Record The Votes For Each Candiate NOTE: If a candidate withdraws, write WITHDRAW on that line.

Round	1		2		3		4		5		6		7		8
Candidate Names	Count	+	Count	+	Count	+	Count	+	Count	+	Count	+	Count	+	Count
Illegal Ballots - voted for too many or non-elligible candidate; can't determine for whom the vote is cast															
Total votes															
Required for Majority															
Exhausted / Abstention Ballots															
Total ballots received (Total Votes + Exhausted /Abstention ballots) This is your check figure.															

Certified By: _____ (Name of Head Teller) _____ (Signature)

Contact information for head teller: Phone:_____ Email:_____