

No. _____

No. _____

**OFFICIAL BALLOT FOR
_____ DISTRICT**

MAY 8, 2018

Signature of Designated Election Official

To vote, place crossmark (X) at the right of the name of each candidate of your choice. [For write-in candidate, print name on blank line.]

Vote for not more than One (1) Director for DIRECTOR DISTRICT _____ for Four-Year Term:

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

Vote for not more than One (1) Director for DIRECTOR DISTRICT _____ for Four-Year Term:

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

Vote for not more than One (1) Director for DIRECTOR DISTRICT _____ for Two-Year Term:

_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

No. _____