

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 \_\_\_\_\_ Directors for Four-Year Terms:**

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

**Vote for not more than \_\_\_\_\_ Director(s) for Two-Year Term(s):**

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