

# Galen

## WAYNE COUNTY ABSENTEE/AFFIDAVIT/SPECIAL VOTERS' BALLOT FOR GENERAL ELECTIONS

Sheet No: 3  
4 Election Districts  
County of Wayne  
Town of: Galen  
E.D.(S): 1 - 4

1. Mark in pen or pencil.
2. To vote for a candidate whose name is printed on this ballot, make a single cross X mark or a single check / mark in the voting square above the name of the candidate.
3. To vote for a person whose name is not printed on this ballot, write or stamp his or her name in the space that appears at the bottom of the column containing the title of the office.
4. To vote on a proposal make a cross X mark or a check / mark in one of the squares contained in the box setting forth such proposal.
5. Any other mark or writing, or any erasure made on this ballot outside the voting squares or blank spaces provided for voting will void this entire ballot.
6. Do not overvote. If you select a greater number of candidates than there are vacancies to be filled, your ballot will be void for that public office, party position or proposal.
7. If you tear, or deface, or wrongly mark this ballot, call the Board of Elections at (313) 946-7400 for instructions on how to obtain a new ballot. Do not attempt to correct mistakes on the ballot by making erasures or cross outs. Erasures or cross outs may invalidate your ballot prior to submitting your ballot. If you make a mistake in completing the ballot or wish to change your vote, you must obtain a new ballot and complete a new ballot. You have a right to a replacement ballot upon return of the original ballot.

### HOW TO RETURN ABSENTEE BALLOT

1. After marking the ballot, fold such ballot and enclose it in the envelope bearing the voter's statement, and seal the envelope.
2. Fill in properly the blanks in the statement and sign your name.
3. Enclose the sealed envelope bearing the statement in the envelope addressed to the Wayne County Board of Elections and mail promptly.

### HOW TO RETURN AFFIDAVIT BALLOT

1. After marking the ballot, fold such ballot and enclose it in the envelope bearing the voter's statement, and seal the envelope.
2. Fill in properly the blanks in the statement and sign your name.
3. Return the sealed envelope to the election inspector.

		YES		NO		YES		NO		8		9		10		11		12		13		14					
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		6		7		8		9		10		11		12		13		14	
		YES		NO		YES		NO		COUNCILMAN		COUNCILMAN		COUNCILMAN		COUNCILMAN		COUNCILMAN		COUNCILMAN		COUNCILMAN		COUNCILMAN		COUNCILMAN	
<b>PROPOSAL NUMBER ONE, A QUESTION</b> Constitutional Convention Shall there be a convention to revise the Constitution and amend the same?		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>1 STATE SUPREME COURT JUSTICE</b> 7 Judicial District (Vote for ONE)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> <b>1B</b> Republican <b>John Gallagher</b>		<input type="checkbox"/> <b>2A</b> Democratic <b>Michael D. Calarco</b>		<input checked="" type="checkbox"/> <b>3A</b> Democratic <b>Carol M. Heald</b>		<input type="checkbox"/> <b>4A</b> Democratic <b>Carol M. Heald</b>		<input type="checkbox"/> <b>5A</b> Democratic <b>Carol M. Heald</b>		<input type="checkbox"/> <b>6A</b> Democratic <b>Frank Sebastiano</b>		<input type="checkbox"/> <b>7A</b> Democratic <b>Jeff Montemorano</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> <b>1C</b> Conservative <b>John Gallagher</b>		<input type="checkbox"/> <b>2B</b> Republican <b>David M. Fulvio</b>		<input type="checkbox"/> <b>4B</b> Republican <b>Michael P. Jankowski</b>		<input type="checkbox"/> <b>5B</b> Republican <b>Carol M. Heald</b>		<input type="checkbox"/> <b>6B</b> Republican <b>Nicole L. Malbone</b>		<input type="checkbox"/> <b>7B</b> Republican <b>Nicole L. Malbone</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> <b>1D</b> Independence <b>John Gallagher</b>		<input type="checkbox"/> <b>2C</b> Conservative <b>Michael D. Calarco</b>		<input type="checkbox"/> <b>4C</b> Conservative <b>Michael P. Jankowski</b>		<input type="checkbox"/> <b>5C</b> Conservative <b>Barry C. Virtis</b>		<input type="checkbox"/> <b>6C</b> Conservative <b>Barry C. Virtis</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input checked="" type="checkbox"/> <b>2E</b> Reform <b>Michael D. Calarco</b>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

SAMPLE