

CERTIFICATION OF BALLOT

To: **Robin M. O'Connor**, Lake County Clerk, Election Authority

From: _____ Local Election Official in and for

_____ in the County of _____ and State of Illinois.
(Political Division)

I, the undersigned Local Election Official in and for the political division aforesaid, do hereby state that this Certification of Ballot, consisting of _____ page(s), is a true and correct listing of all offices and candidates, in the order they are to appear on the ballot, to be voted on at the _____ **Election** to be held on _____.
(insert month, day, year)

Dated: _____, 20_____.
(insert month, day, year)

(Local Election Official)

(SEAL)

(Address to which election authority shall send canvass results)

Check One: Independent Nonpartisan

Office _____ District or Ward _____

Term of Office _____ Number to be voted for _____

Candidate's Name	Residence	City/Zip
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Candidate's Name	Residence	City/Zip
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Office _____ District or Ward _____

Term of Office _____ Number to be voted for _____

Candidate's Name	Residence	City/Zip
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Candidate's Name	Residence	City/Zip
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Office _____

District or Ward _____

Term of Office _____

Number to be voted for _____

Candidate's Name

Residence

City/Zip

1. _____

2. _____

3. _____

4. _____

Candidate's Name

Residence

City/Zip

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Office _____

District or Ward _____

Term of Office _____

Number to be voted for _____

Candidate's Name

Residence

City/Zip

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Candidate's Name

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Office _____

District or Ward _____

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Number to be voted for _____

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4. _____

Candidate's Name

Residence

City/Zip

1. _____

2. _____

3. _____

4. _____

NOTE: USE ADDITIONAL SHEETS AS NECESSARY AND ATTACH TO THIS SHEET