Ballot Approval

District:_____ Election Date:_____

PROOF READING CHECKLIST

PROOF READ FOR THE FOLLOWING:

X̶ All required races and issues appear on ballots received.

_____ Correct **VOTE FOR** numbers in each heading.

_____ Correct **TERM** for each position.

_____ Correct spelling and wording in names and office headings.

_____ Correct order of names in each office.

_____ Correct number of write-in lines.

I certify that no corrections are needed to **MY PORTION OF THE BALLOT** and they have my full approval. I fully understand that any changes or corrections made to my ballots after this approval form has been returned are the financial responsibility of my district.

Check here if you agree to the terms above. Checking one gives:

_____ FINAL approval. DO NOT CHECK IF THERE ARE CORRECTIONS NEEDED. Type and or print name and date in fields below.

_____ FINAL APPROVAL NOT ISSUED.

Name : Marilyn Sanders

Date: 2-11-2025

Signature: _____