Complete this form **ONLY** if (i) the total number of write-ins is **10%** or more of the total number of votes cast for the office (for a cross-jurisdictional office, the total number across all jurisdictions), **OR** (ii) a write-in candidate was elected to the office.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | General Special Primary |
| Locality |  | Election Date (MM/DD/YY) |  | Circle Election Type(s) |

|  |  |  |  |  |  |
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|  |  |  |  | Page 1 of |  |
| Office |  | District (if applicable) |  |  |  |

**WRITE-INS – SUMMARY**

**Total Votes**

**Received**

**(In Figures)**

|  |  |  |
| --- | --- | --- |
| **1. Invalid** Write-Ins |  |  |
| **2. Valid** Write-Ins |  | Enter Total Invalid |
| **3. Total** Write-Ins |  | Enter Total Valid |
| **[“Total Write-Ins” must match the “Total Write-In Votes” line on the Abstract for this office**.] | | Add Lines 1 and 2 |

**VALID WRITE-INS – DETAIL**

|  |  |  |
| --- | --- | --- |
| List **valid** write-ins in alphabetical order below and on continuation pages, as needed. All **valid** write-ins when added together must equal total entered on line 2 above. |  | **Total Valid Votes Received**  **(In Figures)** |

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| **Continued on pages 2 through** |  |

*We, the undersigned Electoral Board members, upon examination of the official records deposited with the Clerk of the Circuit Court of the election held on*

*\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_, do hereby certify that, with the continuation pages indicated, the above is a true and correct certification of the write-in votes cast at said election for the office indicated above.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Given under our hands this* |  | *day of* | , |  | . |

*A copy teste:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | | , Chairman |
|  | | | , Vice Chairman | |
|  | | , Secretary/Acting | | |
|  | , Secretary (Certified Copy) | | | |

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|  |  |  |  | General Special Primary |
| Locality |  | Election Date (MM/DD/YY) |  | Circle Election Type(s) |

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|  |  |  |  | Page |  | of |  |
| Office |  | District (if applicable) |  |  |  |  |  |

**VALID WRITE-INS – DETAIL** (continued)

|  |  |  |
| --- | --- | --- |
| Continue to list **valid** write-ins in alphabetical order below and on additional continuation pages, as needed. All **valid** write-ins when added together must equal total entered on line 2 of page 1. |  | **Total Valid Votes Received**  **(In Figures)** |

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