Sheet No: 4 CON 11 Election Districts County of Westchester Town of: North Castle E.D.(s): 1 / 11

MARKING

Correct Mark:

wark only with a blue or black pen or pencil.

· To vote for a candidate whose name is printed on this ballot, fill in the oval above or next to the name of the candidate.

INSTRUCTIONS: To vote for a person whose name is not printed on this ballot, write or stamp his or her name in the space labeled "write-in" that appears at the bottom of the column containing the title of the office and fill in the oval corresponding with the write-in space in which the voter has written a name.

Any other mark or writing, or any erasure made on this ballot outside the voting ovals or blank spaces provided for voting will void this entire ballot.

· Do not overvote. If you select a greater number of candidates than there are vacancies

· If you tear, or deface, or wrongly mark this ballot, call the Board of Elections at (914) 995-5700 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 all or part of your ballot. Prior to submitting your ballot, if you make a mistake in completing the ballot or wish to change your ballot choices, you may obtain and complete a new ballot. You have a right to a replacement ballot upon return of the original ballot.

To be counted, ballots returned by mail must be postmarked no later than the day before election day and be received by the Board of Elections no later than 7 days after election day for Absentee and 7 days after election day for Military.

			to be filled, your ba	lot will b	e void for that public	office or party position.				
	1	2	3		4	5	6	7	8	9
OFFICE	SUPERVISOR	COUNCILMAN								
		-								
	(Vote for ONE)	(Vote for any TWO)								
₹C	1C Conservative	2C Conservative	3C Conservati							
CONSERVATIVE	Michael J. Schiliro	Barbara DiGiaci i	W. Barry nto Reite	s. er						
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