

**UNIVERSITY OF MISSOURI
EXTENSION COUNCIL OF STODDARD COUNTY
ELECTION BALLOT**

_____ I certify that I am an eligible voter & that I have executed this vote.

This is your ballot for the election of the University of Missouri Extension Council Of Stoddard County.

Only one ballot per person. Any resident of legal age is eligible to vote.

You may vote for any **four** candidates to serve a two-year term.

Place an "X" by the names of the nominees of your choice.

Martie Sifford _____

Jackie Ratliff _____

Jason Huey _____

Toni Childers _____

Signature of Voter: _____ *Address:* _____

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