



Associates of Vietnam Veterans of America, Inc.

BALLOT

Date: _____

Please "check" the appropriate box to indicate which election you are participating in:

State Representative State of: _____

Chapter Representative Chapter #: _____

At-Large Representative In the State of: _____

YOU WILL HAVE BEEN SUPPLIED WITH A LIST OF CANDIDATES WHO ARE RUNNING FOR OFFICE IN THIS ELECTION. CHOOSE WHICH CANDIDATE YOU WISH TO VOTE FOR, AND FILL IN THEIR NAME BELOW.

YOU CANNOT CHOOSE ANY PERSON WHO IS NOT LISTED AS A CANDIDATE FOR THIS ELECTION.

I CAST MY VOTE FOR: _____
Name of candidate