OFFICE	1 MADISON COUNTY JUDGE - COUNTY SURROGATE'S AND FAMILY COURT (Vote for ONE)	2 MAYOR (Vote for ONE)	3 CITY CHAMBERLAIN (Vote for ONE)	4 SUPERVISOR Wards 4, 5, 6 (Vote for any TWO)	5	6 CITY COUNCIL Ward FOUR (Vote for ONE)
Democratic A ★	Democratic 1A Marian J. **Cerio**	Democratic 2A Leo N. **Matzke**	Democratic 3A Nancy **Andrews**	Democratic 4A Lewis **Carinci**	Democratic 5A Joseph A. **Magliocca**	
Republican B	Republican 1B Patrick J. **OSullivan**	Republican 2B Brahim **Zogby**	Republican 3B Scott R. **Bobo**			Republican 6B Helen B. **Acker**
Conservative C	Conservative 1C Kathleen A. **Rapasadi**	Conservative 2C Brahim **Zogby**				Conservative 6C Helen B. **Acker**
Green D	Green 1D Marian J. **Cerio**					
Working Families E	Working Families 1E Marian J. **Cerio**	Working Families 2E A. Max **Smith**		Working Families 4E Lewis **Carinci**		
Independence F	Independence 1F Patrick J. **OSullivan**					
Reform H	Reform 1H Patrick J. **OSullivan**	Reform 2H Brahim **Zogby**	Reform 3H Scott R. **Bobo**			
People's Choice I		People's Choice 2I Leo N. **Matzke**				
Time for Change J					Time for Change 5J Joseph A. **Magliocca**	
Write-In	WRITE-IN	WRITE-IN	WRITE-IN	WRITE-IN	WRITE-IN	WRITE-IN

SAMPLE

OFFICIALABSENTEE BALLOT FOR THE GENERAL ELECTION - NOVEMBER 3, 2015

MADISON COUNTY, STATE OF NEW YORK

Ballot ID: 7006
City of Oneida
E.D.(s): 4

INSTRUCTIONS:

(1) Mark only with a pen or felt tip marker having blue or black ink.
(2) To vote for a candidate whose name is printed on this ballot, completely fill in the oval in the upper right corner of the box containing the name of the candidate.
(3) To vote for a person whose name is not printed on this ballot write or stamp his or her name in the box labeled "write-in" that appears at the bottom of the column for such office.
(4) To vote "yes" or "no" on a proposal, if any, that appears on the back of the ballot, fill in the oval that corresponds to your vote.
(5) Any other mark or writing, or any erasure made on this ballot outside the voting oval or "write-in" box provided for voting will void this entire ballot.
(6) Do not over-vote. If you select a greater number of candidates than there are vacancies to be filled, your ballot will be void for that office or proposal.
(7) If you tear, or deface, or wrongly mark this ballot, contact the Board of Elections at (315) 366-2231 or boecommissioners@madisoncounty.ny.gov 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 the return of the original ballot.
(8) Enclose the voted ballot in the ballot envelope and sign and date the back of the envelope where indicated.
(9) Seal the ballot envelope in the envelope addressed to the Board of Elections. Mail immediately.
(10) The ballot of the voter must be received at the Board of Elections on or before 9:00pm November 3, 2015, or postmarked no later than November 2, 2015.