

## BALLOT QUESTION COMPLIANCE CHECKLIST

County: \_\_\_\_\_

Statutory Authority: \_\_\_\_\_

Affected Entity: \_\_\_\_\_

Countywide:

Issue: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Election:	General	<input type="checkbox"/>	Date: _____	Publications	Wk 1 Date: _____
	Primary	<input type="checkbox"/>	Date: _____	Wk 2 Date: _____	
	Special	<input type="checkbox"/>	Date: _____	Wk 3 Date: _____	
Question Received: _____			Hearing Date: _____		

To Committee: \_\_\_\_\_ Submission Deadline: \_\_\_\_\_

Received: \_\_\_\_\_ Review Completed: \_\_\_\_\_

Appeal: No: \_\_\_\_\_ Yes: \_\_\_\_\_ D/A Opinion Received: \_\_\_\_\_

To Printer: \_\_\_\_\_ Returned: \_\_\_\_\_ Accuracy Review: \_\_\_\_\_  
(Initial)

**ELECTION RESULTS**

Number	%
Yes:	
No:	
Disq.:	
<b>TOTAL BALLOTS CAST</b>	

Results Forwarded to: County Clerk (if applicable) \_\_\_\_\_

Secretary of State \_\_\_\_\_

Taxation (Local Gov't Finance) \_\_\_\_\_