



PA/PTA Election Ballot

School _____

Date _____

Time _____



Check the box next to the candidate of your choice for each vacancy.

<u>PRESIDENT :</u>	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
<u>CO-PRESIDENT :</u>	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
<u>REC. SECRETARY:</u>	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
<u>CO-REC. SECRETARY:</u>	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
<u>TREASURER :</u>	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
<u>CO-TREASURER :</u>	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
<u>_____ :</u> Print additional office title	
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>



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_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
<u>CO-REC. SECRETARY :</u>	
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_____	<input type="checkbox"/>
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