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| County/City of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  Page \_\_\_\_\_ of \_\_\_\_\_ |
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Enter **ONLY** any Write-In Votes cast on **Paper Ballots** or on an Optical Scan Voting System that **DOES NOT** report individual write-in votes

If Write-In Votes are cast **ONLY** on **DRE Voting Equipment**, the Write-Ins Certification is **NOT** required.

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| **column A** | **column b** | **Column c** | **Column d** |
| **office** | **name of person****receiving write-in votes** | **tally****of votes****EXample: ////** | **total votes****received** |
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**Write-Ins Page 1**

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