



FORM EC 8A

State

RIVERS

Code	0	3	2
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Local Government Area

OYIGBO

Code	2	1
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Registration Area

KOMKOM

Code 1 0

Polling Unit

OPEN SPACE UDO-UDO STREET, UMUSOYA

Code	0	1	4
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S/N	POLITICAL PARTY	VOTES SCORED		NAME/SIGNATURE OF POLLING AGENT
		IN FIGURES	IN WORDS	
1	A	0	—	
2	AA	0	—	
3	AAC	0	—	
4	ADC	0	—	
5	ADP	0	—	
6	APC	2	TWO	
7	APGA	1	ONE	
8	APM	0	—	
9	APP	0	—	
10	BP	0	—	
11	LP	75	SEVENTY FIVE	
12	NNPP	0	—	
13	NRM	0	—	
14	PDP	4	FOUR	
15	PRP	0	—	
16	SDP	0	—	
17	YPP	0	—	
18	ZLP	0	—	
TOTAL VALID VOTES (Record Total Valid Votes under #7 above)		82	EIGHTY TWO	

I, _____ (Name of Presiding Officer) hereby certify that the information contained in this form is a true and accurate account of votes cast in this polling Unit and that the election was CONTESTED/NOT CONTESTED

Sign/Stamp of Presiding Officer

Date _____