

FORM EC 8A (1)

State

-Code	002
-------	-----

Code

Code

Code

Code 015

**NAME / SIGNATURE OF
POLLING AGENT**

BTRUS MONDAY

... (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