





OFFICE	<p style="text-align: center;">1</p> <p style="text-align: center;"><b>Tompkins County Legislator</b> District 2 To Fill Vacancy (vote for any ONE)</p>
<p>WORKING FAMILIES </p> <p style="text-align: right;">A</p>	<p style="text-align: right;"><small>Working Families Party</small></p> <p><input type="radio"/> 1A</p> <p style="text-align: center;"><b>Veronica D. Pillar</b></p>
<p>HEALTHY COMMUNITY </p> <p style="text-align: right;">B</p>	<p style="text-align: right;"><small>Healthy Community</small></p> <p><input type="radio"/> 1B</p> <p style="text-align: center;"><b>Leslie Schill</b></p>
<p>JUSTICE AND SOLIDARITY </p> <p style="text-align: right;">C</p>	<p style="text-align: right;"><small>Justice and Solidarity</small></p> <p><input type="radio"/> 1C</p> <p style="text-align: center;"><b>Veronica D. Pillar</b></p>
<p>Write-In </p>	<p style="text-align: center;">WRITE-IN</p>

sample

**OFFICIAL ABSENTEE/AFFIDAVIT BALLOT FOR THE SPECIAL ELECTION**

**INSTRUCTIONS:**

1. Mark only with a pen.
2. To vote for a candidate whose name is printed on this ballot, fill in the oval above or next to the name of the candidate.
3. To vote for a person whose name is not printed on this ballot, write or stamp his or her name in the space labeled "Write-in" at the bottom of the column for such office.
4. To vote on a proposal, if any, that appears on the back, fill in the oval that corresponds to your "Yes" or "No" vote.
5. Any other mark or writing, or any erasure made on this ballot outside the voting ovals or blank spaces provided for voting may void this entire ballot.
6. Do not overvote. If you select a greater number of candidates than there are vacancies to be filled, your ballot will be void for that public office, party position or proposal.

**STATE OF NEW YORK, COUNTY OF TOMPKINS - MARCH 23, 2021**

7. If you tear, or deface, or wrongly mark this ballot, call the Board of Elections for instructions on how to obtain a new ballot. Do not attempt to correct mistakes on the ballot by making erasures or cross outs. Erasures or cross outs may invalidate all or part of your ballot. Prior to submitting your ballot, if you make a mistake in completing the ballot or wish to change your ballot choices, you may obtain and complete a new ballot. Call the Board of Elections at (607) 274-5521 or (607) 274-5522 for instructions on how to obtain a new ballot.
8. To be counted, absentee ballots returned by mail must be postmarked no later than the day of election and be received by the County Board of Elections no later than 7 days after election day.
9. After marking the ballot, fold such ballot and enclose it in the envelope bearing the voter's statement, and **SEAL THE ENVELOPE.**
10. Fill in properly the blanks in the statement and **SIGN YOUR NAME.**
11. Enclose the sealed envelope bearing the statement in the envelope addressed to the County Board of Elections and mail promptly.  
**Board of Elections, 128 East Buffalo St. , Ithaca, NY 14850**

Ballot ID: 2000  
Ithaca City  
E.D.(s): Leg Dist 2, all  
EDs