END OF BALLOT HELENA 1	0	0	0	O DIANA HAMMER	O PATRICIA BIK	NEIGHBORHOOD COUNCIL DISTRICT #1 TWO YEAR TERM (VOTE FOR UP TO FOUR)	CITY OF HELENA	INSTRUCTIONS TO VOTERS  1. TO VOTE, COMPLETELY FILL IN ( ) THE OVAL USING A BLUE OR BLACK PEN.  2. To write in a name, completely fill in the oval to the left of the line provided, and on the line provided print the name of the write-in candidate for whom you wish to vote.  3. DO NOT MAKE AN IDENTIFYING MARK, CROSS OUT, ERASE, OR USE CORRECTION FLUID. If you make a mistake or change your mind, exchange your ballot for a new one.	OFFICIA LEWIS & CI
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