

CANDIDATE LIST

PLEASE FILL OUT THIS FORM. PRINT THE RACE TITLE AS YOU WISH IT TO READ ON THE BALLOT. THE MAYOR RACE RUNS FIRST FOLLOWED BY THE COUNCIL. WRITE THE CANDIDATE'S NAME AS IT IS TO APPEAR ON THE BALLOT AND IN THE ORDER YOU WISH THEM TO APPEAR. (Section 11-46-25 of the Code of Alabama).

ES&S SUGGEST THE CANDIDATES' NAME FOR EACH RACE BE IN ALPHABETICAL ORDER.

CITY / TOWN OF <u>Odenville</u>	
(Circle One)	
FOR <u>Mayor</u>	(Vote For <u>1</u>) By: District <input type="checkbox"/> At Large <input checked="" type="checkbox"/>
(TITLE OF RACE)	
<u>Rodney "Buck" Christian</u>	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
FOR <u>Council Place #1</u>	(Vote For <u>1</u>) By: District <input type="checkbox"/> At Large <input checked="" type="checkbox"/>
(TITLE OF RACE)	
<u>John J. Kirkland</u>	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
<u>Elaine Mize</u>	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
FOR <u>Council Place #2</u>	(Vote For <u>1</u>) By: District <input type="checkbox"/> At Large <input checked="" type="checkbox"/>
(TITLE OF RACE)	
<u>Tammy Crow</u>	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
<u>Holly Watson</u>	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
FOR <u>Council Place #3</u>	(Vote For <u>1</u>) By: District <input type="checkbox"/> At Large <input checked="" type="checkbox"/>
(TITLE OF RACE)	
<u>Jimmy Bailey</u>	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
FOR <u>Council Place #4</u>	(Vote For <u>1</u>) By: District <input type="checkbox"/> At Large <input checked="" type="checkbox"/>
(TITLE OF RACE)	
<u>Kelli Sanders</u>	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
FOR <u>Council Place #5</u>	(Vote For <u>1</u>) By: District <input type="checkbox"/> At Large <input checked="" type="checkbox"/>
(TITLE OF RACE)	
<u>Don Smith</u>	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
FOR _____	(Vote For _____) By: District <input type="checkbox"/> At Large <input type="checkbox"/>
(TITLE OF RACE)	
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)
(Name of Candidate)	(Name of Candidate)