

How to vote



- Go to the first table.
- They will ask you some questions.
- Give your name and address to the election official.
- Your name will be marked on the list of voters.
- You will be given two different coloured ballot papers.
 - You will be given a ballot paper for the Legislative Assembly.
 - You will be given a ballot paper for the Legislative Council.
- You must vote on each ballot paper.

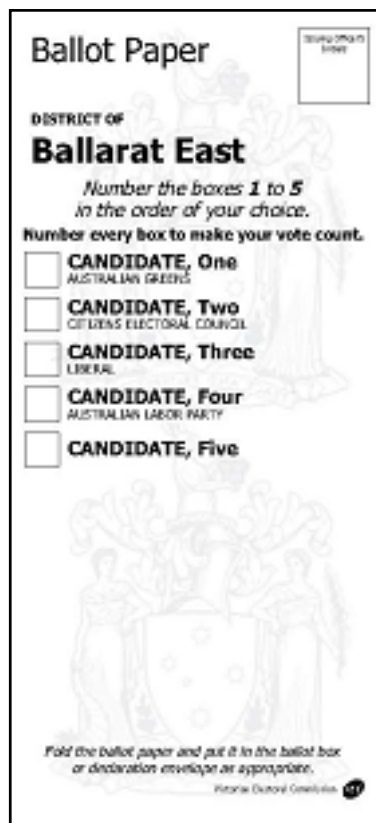


- Take your ballot papers to the voting booth.
- You can ask someone to help you.

- Vote on each ballot paper.



- Take your finished ballot papers to the ballot boxes.
- The election official can help you put your ballot papers into the ballot boxes.



This is an example of a Legislative Assembly ballot paper.

You must put a number in each box on your ballot paper.

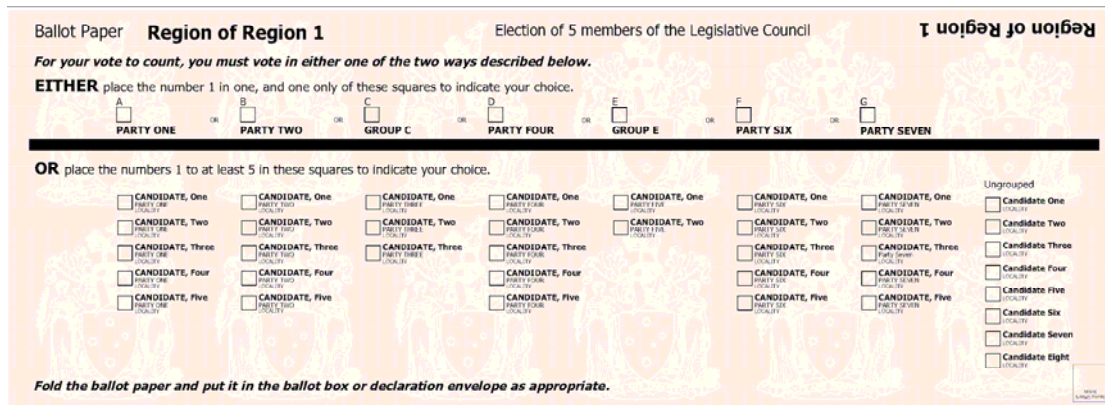
Put a 1 in the box beside the name of the person who is your first choice.

Put a 2 in the box beside the name of the person who is your second choice.



Keep numbering in order until all the boxes have a number.

You have finished voting.



This is an example of a Legislative Council ballot paper.

You have two choices. You can vote **above the black line** or you can vote **below the black line**.

If you choose to vote **above the black line...**

Put a 1 in the box above the political party or group of people you want.

DO NOT put any other numbers on this page.

Ballot Paper **Region of Region 1** Election of 5 members of the Legislative Council **Region of Region 1**

For your vote to count, you must vote in either one of the two ways described below.

EITHER place the number 1 in one, and one only of these squares to indicate your choice.

<input type="checkbox"/> A	OR	<input type="checkbox"/> B	OR	<input checked="" type="checkbox"/> C	OR	<input type="checkbox"/> D	OR	<input type="checkbox"/> E	OR	<input type="checkbox"/> F	OR	<input type="checkbox"/> G
PARTY ONE		PARTY TWO		GROUP C		PARTY FOUR		GROUP E		PARTY SIX		PARTY SEVEN

OR place the numbers 1 to at least 5 in these squares to indicate your choice.

<input type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	Ungrouped
<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> Candidate One
<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> Candidate Two
<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> Candidate Three
<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> Candidate Four

Fold the ballot paper and put it in the ballot box or declaration envelope as appropriate.

You have finished voting.

Or

If you choose to vote **below the black line** there are two different ways you can vote.

You can choose five people **or** you can number all the people.

Put a 1 in the box beside the name of the person who is your first choice.

Put a 2 in the box beside the name of the person who is your second choice.

Keep choosing until you have picked at least 5 people

Ballot Paper **Region of Region 1** Election of 5 members of the Legislative Council **Region of Region 1**

For your vote to count, you must vote in either one of the two ways described below.

EITHER place the number 1 in one, and one only of these squares to indicate your choice.

<input type="checkbox"/> A	OR	<input type="checkbox"/> B	OR	<input type="checkbox"/> C	OR	<input type="checkbox"/> D	OR	<input type="checkbox"/> E	OR	<input type="checkbox"/> F	OR	<input type="checkbox"/> G
PARTY ONE		PARTY TWO		GROUP C		PARTY FOUR		GROUP E		PARTY SIX		PARTY SEVEN

OR place the numbers 1 to at least 5 in these squares to indicate your choice.

<input type="checkbox"/> CANDIDATE, One	<input checked="" type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	<input type="checkbox"/> CANDIDATE, One	Ungrouped
<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input checked="" type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> CANDIDATE, Two	<input type="checkbox"/> Candidate One
<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input checked="" type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> CANDIDATE, Three	<input type="checkbox"/> Candidate Two
<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input checked="" type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> CANDIDATE, Four	<input type="checkbox"/> Candidate Three
<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input checked="" type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> CANDIDATE, Five	<input type="checkbox"/> Candidate Four

Fold the ballot paper and put it in the ballot box or declaration envelope as appropriate.

You have finished voting.

Or

Keep numbering in order until all the boxes have a number.

Ballot Paper **Region of Region 1** Election of 5 members of the Legislative Council **Region of Region 1**

For your vote to count, you must vote in either one of the two ways described below.

EITHER place the number 1 in one, and one only of these squares to indicate your choice.

<input type="checkbox"/> A PARTY ONE	OR	<input type="checkbox"/> B PARTY TWO	OR	<input type="checkbox"/> C GROUP C	OR	<input type="checkbox"/> D PARTY FOUR	OR	<input type="checkbox"/> E GROUP E	OR	<input type="checkbox"/> F PARTY SIX	OR	<input type="checkbox"/> G PARTY SEVEN
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OR place the numbers 1 to at least 5 in these squares to indicate your choice.

<input type="checkbox"/> 1 CANDIDATE, One PARTY ONE LOCALITY	<input type="checkbox"/> 1 CANDIDATE, One PARTY TWO LOCALITY	<input type="checkbox"/> 1 CANDIDATE, One PARTY THREE LOCALITY	<input type="checkbox"/> 1 CANDIDATE, One PARTY FOUR LOCALITY	<input type="checkbox"/> 1 CANDIDATE, One PARTY FIVE LOCALITY	<input type="checkbox"/> 1 CANDIDATE, One PARTY SIX LOCALITY	<input type="checkbox"/> 1 CANDIDATE, One PARTY SEVEN LOCALITY	<input type="checkbox"/> 1 CANDIDATE, One PARTY EIGHT LOCALITY
<input type="checkbox"/> 2 CANDIDATE, Two PARTY ONE LOCALITY	<input type="checkbox"/> 2 CANDIDATE, Two PARTY TWO LOCALITY	<input type="checkbox"/> 2 CANDIDATE, Two PARTY THREE LOCALITY	<input type="checkbox"/> 2 CANDIDATE, Two PARTY FOUR LOCALITY	<input type="checkbox"/> 2 CANDIDATE, Two PARTY FIVE LOCALITY	<input type="checkbox"/> 2 CANDIDATE, Two PARTY SIX LOCALITY	<input type="checkbox"/> 2 CANDIDATE, Two PARTY SEVEN LOCALITY	<input type="checkbox"/> 2 CANDIDATE, Two PARTY EIGHT LOCALITY
<input type="checkbox"/> 3 CANDIDATE, Three PARTY ONE LOCALITY	<input type="checkbox"/> 3 CANDIDATE, Three PARTY TWO LOCALITY	<input type="checkbox"/> 3 CANDIDATE, Three PARTY THREE LOCALITY	<input type="checkbox"/> 3 CANDIDATE, Three PARTY FOUR LOCALITY	<input type="checkbox"/> 3 CANDIDATE, Three PARTY FIVE LOCALITY	<input type="checkbox"/> 3 CANDIDATE, Three PARTY SIX LOCALITY	<input type="checkbox"/> 3 CANDIDATE, Three PARTY SEVEN LOCALITY	<input type="checkbox"/> 3 CANDIDATE, Three PARTY EIGHT LOCALITY
<input type="checkbox"/> 4 CANDIDATE, Four PARTY ONE LOCALITY	<input type="checkbox"/> 4 CANDIDATE, Four PARTY TWO LOCALITY	<input type="checkbox"/> 4 CANDIDATE, Four PARTY THREE LOCALITY	<input type="checkbox"/> 4 CANDIDATE, Four PARTY FOUR LOCALITY	<input type="checkbox"/> 4 CANDIDATE, Four PARTY FIVE LOCALITY	<input type="checkbox"/> 4 CANDIDATE, Four PARTY SIX LOCALITY	<input type="checkbox"/> 4 CANDIDATE, Four PARTY SEVEN LOCALITY	<input type="checkbox"/> 4 CANDIDATE, Four PARTY EIGHT LOCALITY
<input type="checkbox"/> 5 CANDIDATE, Five PARTY ONE LOCALITY	<input type="checkbox"/> 5 CANDIDATE, Five PARTY TWO LOCALITY	<input type="checkbox"/> 5 CANDIDATE, Five PARTY THREE LOCALITY	<input type="checkbox"/> 5 CANDIDATE, Five PARTY FOUR LOCALITY	<input type="checkbox"/> 5 CANDIDATE, Five PARTY FIVE LOCALITY	<input type="checkbox"/> 5 CANDIDATE, Five PARTY SIX LOCALITY	<input type="checkbox"/> 5 CANDIDATE, Five PARTY SEVEN LOCALITY	<input type="checkbox"/> 5 CANDIDATE, Five PARTY EIGHT LOCALITY

Ungrouped

<input type="checkbox"/> 1 Candidate One LOCALITY	<input type="checkbox"/> 2 Candidate Two LOCALITY	<input type="checkbox"/> 3 Candidate Three LOCALITY	<input type="checkbox"/> 4 Candidate Four LOCALITY	<input type="checkbox"/> 5 Candidate Five LOCALITY	<input type="checkbox"/> 6 Candidate Six LOCALITY	<input type="checkbox"/> 7 Candidate Seven LOCALITY	<input type="checkbox"/> 8 Candidate Eight LOCALITY
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Fold the ballot paper and put it in the ballot box or declaration envelope as appropriate.

Small logo in bottom right corner.

You have finished voting.