



STATE BOARD OF MEDIATION
TALLY OF BALLOTS

Public Case No.: R 2010-004
 Date Issued: November 30, 2009
 Election to Determine
 Exclusive Bargaining Representative

The undersigned agent of the State Board of Mediation certifies that the results of the tabulation of ballots cast in the election held in the above case, and concluded on the date indicated above, were as follows:

1. Number of eligible voters	_____	<u>38</u>
2. Void ballots	_____	<u>0</u>
3. Votes cast for 1032	Laborers' Int'l Union of N America, Police & Public Emp, Local	<u>24</u>
4. Votes cast for	_____	_____
5. Votes cast for	_____	_____
6. Votes cast against participating labor organizations	_____	<u>0</u>
7. Valid votes counted (total 3, 4, 5 and 6)	_____	<u>24</u>
8. Challenged ballots	_____	<u>0</u>
9. Valid votes counted, plus challenged ballots (total 7 and 8)	_____	<u>24</u>
10. Challenged are not sufficient to affect the results of the election	_____	_____
11. Sustained challenges (ineligible voters)	_____	<u>0</u>
12. Challenged ballots cast for	Laborers' Int'l Union of N America, Police & Public Emp, Local 1032	<u>0</u>
13. Challenged ballots cast against participating labor organization	_____	<u>0</u>
14. Revised total of ballots cast for participating labor organization	_____	<u>24</u>
15. Revised total of ballots cast against participating labor organization	_____	<u>0</u>
16. Revised total of eligible voters	_____	<u>38</u>
17. A majority of valid votes counted has been cast for:	_____	_____
	Laborers' Int'l Union of N America, Police & Public Emp, Local 1032	_____

For the State Board of Mediation

Peggy T. Cochran
 Authorized Officer

The undersigned acted as authorized observers in the counting and tabulating of ballots indicated above. We hereby certify that the counting and tabulating were fairly and accurately done; that the secrecy of the ballots was maintained; and that the results were as indicated above.

Laborers' Int'l Union of N America, Police &
 FOR Public Emp, Local 1032

 FOR *Maria C. Ellison*

FOR Lincoln County Sheriff's Department

 FOR _____

