

Name:	Period:
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# STATE CONSTITUTIONAL AMENDMENT

Ballot Question # \_\_\_\_\_

What will this proposed amendment change? \_\_\_\_\_

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Who would this proposed amendment help? \_\_\_\_\_

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Who might be negatively affected by this proposed amendment? \_\_\_\_\_

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Based on your analysis, do you support or oppose this proposed amendment? \_\_\_\_\_

Election Day Performance:	
District: _____	yes votes _____ % of votes / _____ no votes _____ % of votes
Fluvanna: _____	yes votes _____ % of votes / _____ no votes _____ % of votes
Virginia: _____	yes votes _____ % of votes / _____ no votes _____ % of votes
Did this proposed amendment pass? _____ Yes _____ No	