

Appendix I – Official State Council Teller’s Report – Representative Election

**CTA OFFICIAL STATE COUNCIL TELLER’S REPORT
REPRESENTATIVE ELECTION**

* Email this Teller’s Report, the Report of Results, a copy of the timeline and ballot to ctaelections@cta.org. If electronic voting, include the results from e-voting vendor.

This form must be filled out completely

We are using the numbered seat system

CHAPTER NAME (PLEASE DO NOT ABBREVIATE): _____

VOTING BEGAN: _____ VOTING ENDED: _____

Is this a run-off election? No Yes

If yes, please attach the Official State Council Teller’s Report from the election that caused the run-off.

Representatives must be elected by a majority vote (more than half of the legal votes cast)
At-Large Representatives are elected by plurality

	State Council Representative		State Council Representative	
	Term of office: _____		Term of office: _____	
	Number of seats for this term: _____		Number of seats for this term: _____	
Total Ballots Cast				
*Blank Ballots				
Illegal Ballots				
Legal Ballots Cast				
Votes needed to win	Majority		Majority	
List All Candidates on Ballot	Candidate Name	Votes Received	Candidate Name	Votes Received
List Write-Ins (if any)				

*A **blank ballot** is defined as not having a vote marked for a position on a ballot that has been cast.

List Reason(s) for Illegal Ballots: _____

PLEASE PRINT CLEARLY

Minimum two (2) Signatures Required

Elections Committee Chair Name [Print Clearly]
Email Address: _____
Phone Numbers _____
Home: _____
Cell: _____
Chapter Office: _____

Elections Committee Chair Signature Date

Elections Committee Member Signature Date

Elections Committee Member Signature Date

[Revised 6/05, 6/06, 6/10, 6/12, 6/13, 6/22]

Appendix I(a) – Report of Results of Elections – State Council Representative(s)

**REPORT OF RESULTS OF ELECTIONS OF
STATE COUNCIL REPRESENTATIVE(S)**

Chapter Name: _____
Please spell out, no abbreviations.

BEFORE PROCEEDING: Representatives reported here must have accepted to serve in this position.

Representative’s name: _____ **Member #** _____

Gender: _____ Ethnicity (Optional): _____

Mailing Address: _____

City: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Cell Phone Number: _____ Personal Email Address: _____

Representative’s Chapter: _____

Term begins: (Check one) From the date of the election **OR** From June 26, _____

Term ends: June 25, _____

Representative’s name: _____ **Member #** _____

Gender: _____ Ethnicity (Optional): _____

Mailing Address: _____

City: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Cell Phone Number: _____ Personal Email Address: _____

Representative’s Chapter: _____

Term begins: (Check one) From the date of the election **OR** From June 26, _____

Term ends: June 25, _____

Email this Report of Results, along with the Teller’s Report, Timeline, and Ballot (if e-voting, include the results from e-voting vendor) to ctaelections@cta.org.

PLEASE PRINT CLEARLY

Minimum two (2) Signatures Required

Elections Committee Chair Name [Print Clearly]
Email Address: _____
Phone Numbers _____
Home: _____
Cell: _____
Chapter Office: _____

Elections Committee Chair Signature Date

Elections Committee Member Signature Date

Elections Committee Member Signature Date
[Revised 6/05, 6/06, 6/10, 6/12, 6/13, 6/22]

Appendix J – Official State Council Teller’s Report – Alternate Election

**CTA OFFICIAL STATE COUNCIL TELLER’S REPORT
ALTERNATE ELECTION**

* Email this Teller’s Report, the Report of Results, a copy of the timeline and ballot to ctaelections@cta.org. If electronic voting, include the results from e-voting vendor.

This form must be filled out completely

We are using the numbered seat system

CHAPTER NAME (PLEASE DO NOT ABBREVIATE): _____

VOTING BEGAN: _____

VOTING ENDED: _____

Is this a run-off election? No Yes

If yes, please attach the Official State Council Teller’s Report from the election that caused the run-off.

Alternates must be elected by a plurality vote

		3. State Council Alternate		4. State Council Alternate	
		Term of office: _____		Term of office: _____	
		Number of seats for this term: ____		Number of seats for this term: ____	
Total Ballots Cast					
*Blank Ballots					
Illegal Ballots					
Legal Ballots Cast					
List all candidates on ballot if: (please check) <input type="checkbox"/> Separate election was conducted	List all runners-up from Representative election if: (please check) <input type="checkbox"/> Runners-up become Alternate(s)	Candidate Name	Votes Received	Candidate Name	Votes Received
List Write-Ins (if any)					

*A **blank ballot** is defined as not having a vote marked for a position on a ballot that has been cast.

List Reason(s) for Illegal Ballots: _____

PLEASE PRINT CLEARLY

Minimum two (2) Signatures Required

 Elections Committee Chair Name [Print Clearly]
 Email Address: _____
 Phone Numbers _____
 Home: _____
 Cell: _____
 Chapter Office: _____

 Elections Committee Chair Signature Date

 Elections Committee Member Signature Date

 Elections Committee Member Signature Date

[Revised 6/05, 6/06, 6/10, 6/12, 6/13, 6/22]

Appendix J(a) – Report of Results of Elections – State Council Alternate(s)

**REPORT OF RESULTS OF ELECTIONS OF
STATE COUNCIL ALTERNATE(S)**

Chapter Name: _____
No abbreviations please.

BEFORE PROCEEDING: Alternates reported here must have accepted to serve in this position.

Alternate's name: _____ **Member #** _____

Gender: _____ Ethnicity (Optional): _____

Mailing Address: _____

City: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Cell Phone Number: _____ Personal Email Address: _____

Alternate's Chapter: _____

Term begins: (Check one) From the date of the election **OR** From June 26, _____

Term ends: June 25, _____

Alternate's name: _____ **Member #** _____

Gender: _____ Ethnicity (Optional): _____

Mailing Address: _____

City: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Cell Phone Number: _____ Personal Email Address: _____

Alternate's Chapter: _____

Term begins: (Check one) From the date of the election **OR** From June 26, _____

Term ends: June 25, _____

Email this Report of Results, along with the Teller's Report, Timeline, and Ballot (if e-voting, include the results from e-voting vendor) to ctaelections@cta.org.

ELECTIONS COMMITTEE

PLEASE PRINT CLEARLY

Minimum two (2) Signatures Required

Elections Committee Chair Name **[Print Clearly]**

Email Address:

Phone Numbers

Home: _____

Cell: _____

Chapter Office: _____

Elections Committee Chair Signature

Date

Elections Committee Member Signature

Date

Elections Committee Member Signature

Date

[Revised 6/05, 6/06, 6/10, 6/12, 6/13, 6/22]