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

| Total Ballots Cast | | |
| *Blank Ballots | | |
| Illegal Ballots | | |
| Legal Ballots Cast | | |

| Votes needed to win | Majority | Majority |
| Candidate Name | Votes Received | Candidate Name | Votes Received |

List All Candidates on Ballot

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 | | |
| Elections Committee Chair Signature | Date | |

Email Address: ____________________________________________________________

Phone Numbers

Home: ________________________________________________________________

Cell: ________________________________________________________________

Chapter Office: _________________________________________________________

| Elections Committee Member Name | | |
| Elections Committee Member Signature | Date | |

[Revised 6/05, 6/06, 6/10, 6/12, 6/13, 6/22, 9/23] 48
Appendix I(a) – Report of Results of Elections – State Council Representative(s)

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

Chapter/Multiple Group: _______________________________________________________

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

Elections Committee Chair Signature ___________________________ Date _____________

Email Address: _____________________________________________________________

Phone Numbers

Home: ________________________________

Cell: ________________________________

Chapter Office: __________________________

Elections Committee Member Name ___________________________

Elections Committee Member Signature ___________________________ Date _____________

Elections Committee Member Name

Elections Committee Member Signature ___________________________ Date _____________

[Revised 6/05, 6/06, 6/10, 6/12, 6/13, 6/22, 9/23]
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

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<tr>
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<tbody>
<tr>
<td>Term of office: __________</td>
<td>Term of office: __________</td>
</tr>
<tr>
<td>Number of seats for this term: ______</td>
<td>Number of seats for this term: ______</td>
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<table>
<thead>
<tr>
<th>Total Ballots Cast</th>
<th>*Blank Ballots</th>
<th>Illegal Ballots</th>
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<tr>
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<tr>
<th>Legal Ballots Cast</th>
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<table>
<thead>
<tr>
<th>List all candidates on ballot if: (please check)</th>
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<tbody>
<tr>
<td>☐ Separate election was conducted</td>
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</table>

<table>
<thead>
<tr>
<th>List all runners-up from Representative election if: (please check)</th>
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</thead>
<tbody>
<tr>
<td>☐ Runners-up become Alternate(s)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. State Council Alternate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate Name</td>
</tr>
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<td>----------------------------</td>
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</tbody>
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<thead>
<tr>
<th>4. State Council Alternate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate Name</td>
</tr>
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</tr>
</tbody>
</table>

*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: __________________________________________

________________________________________
Elections Committee Chair Name

Elections Committee Chair Signature Date

________________________________________
Elections Committee Member Name

________________________________________
Elections Committee Member Signature Date

________________________________________
Elections Committee Chair Name

________________________________________
Elections Committee Member Name

________________________________________
Elections Committee Member Signature Date

Please print clearly - Minimum two (2) signatures required

[Revised 6/05, 6/06, 6/10, 6/12, 6/13, 6/22, 9/23]
Appendix J(a) – Report of Results of Elections – State Council Alternate(s)

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

Chapter/Multiple Group: 

Service Center Council: 

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.

PLEASE PRINT CLEARLY - MINIMUM TWO (2) SIGNATURES REQUIRED

Elections Committee Chair Name

Elections Committee Chair Signature Date

Email Address: ..................................................

Phone Numbers

Home: ..................................................

Cell: ..................................................

Chapter Office: ..................................................

Elections Committee Member Name

Elections Committee Member Signature Date

Elections Committee Member Name

Elections Committee Member Signature Date

[Revised 6/95, 6/06, 6/10, 6/12, 6/13, 6/22, 9/23]

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