

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

Elections Committee Member Name

Elections Committee Chair Signature

Date

Email Address: _____

Phone Numbers

Home: _____

Cell: _____

Chapter Office: _____

Elections Committee Member Signature

Date

Elections Committee Member Name

Elections Committee Member Signature

Date

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 Member Name

Elections Committee Chair Signature

Date

Elections Committee Member 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]

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 Term of office: _____ Number of seats for this term: _____		4. State Council Alternate Term of office: _____ Number of seats for this term: _____	
Total Ballots Cast					
*Blank Ballots					
Illegal Ballots					
Legal Ballots Cast					
List all candidates on ballot if: <i>(please check)</i> <input type="checkbox"/> Separate election was conducted	List all runners-up from Representative election if: <i>(please check)</i> <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

Elections Committee Member Name

Elections Committee Chair Signature

Date

Email Address: _____

Phone Numbers

Home: _____

Cell: _____

Chapter Office: _____

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(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 Member Name

Elections Committee Chair Signature

Date

Elections Committee Member 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]