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

CTA OFFICIAL STATE COUNCIL TELLER'S REPORT REPRESENTATIVE ELECTION

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

his form must be filled						
We are using the num	mbered seat system EASE DO NOT ABBREVIAT	E).				
VOTING BEGAN:	EASE DO NOT ABBREVIAT	VOTING EI				
Is this a run-off election	i? No Yes	If yes, please a	ttach the Official State Council Teller's at caused the run-off.	Report from		
	elected by a majority vote (m					
epresentatives are electe	ed by plurality State Council Representative Term of office:		State Council Representative 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	Majorit	у	Majority			
List All Candidates	Candidate Name	Votes Received	Candidate Name	Votes		
on Ballot		Received		Received		
List Write-Ins						
(if any)						
blank ballot is defined	l as not having a vote marked for	or a position on a	ballot that has been cast.			
ist Reason(s) for Illegal	_	1				
list Reason(s) for megai	Ballots.					
PLE.	ASE PRINT CLEARLY - MI	NIMUM TWO	(2) SIGNATURES REQUIRED			
Elections Committee Chair	Name		Elections Committee Member Name			
11	Q	Date	Elections Committee Member Signature	D-4		
		Jale	Elections Committee Member Signature	Date		
	Signature I					
Email Address:	Signature 1					
Email Address:			Elections Committee Member Name			
Email Address: none Numbers Home:						
hone Numbers Home:						

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:

Cell Phone Number: Personal Email Address Representative's Chapter: Term begins: (Check one)	Zip Code:	
City: Evening Telephone: Evening Telephone	Zip Code: ne: s: OR From June 26, Member # Zip Code:ss:_	
Daytime Telephone: Evening Telephone Cell Phone Number: Personal Email Address Representative's Chapter: From the date of the election Ethnicity (Optional): Presentative's name: Ethnicity (Optional): Evening Telephone: Evening Telephone Cell Phone Number: Personal Email Address Representative's Chapter: Personal Email Address Chapter: Personal Email Em	ne:	
Cell Phone Number: Personal Email Address Representative's Chapter: Term begins: (Check one)	OR	
Representative's Chapter: Term begins: (Check one)	OR	
Term begins: (Check one)	OR	
Term ends: June 25, presentative's name: Ethnicity (Optional): Mailing Address: Ethnicity (Optional): Mailing Address: Ethnicity (Optional): City: Personal Evening Telephone Cell Phone Number: Personal Email Address Representative's Chapter: Term begins: (Check one)	Zip Code:ss: _	
Gender: Ethnicity (Optional): Mailing Address: Ethnicity (Optional): City: Evening Telephone: Evening Telephone	Zip Code: ne: ss: _	
Gender: Ethnicity (Optional): Mailing Address: Ethnicity (Optional): City: Evening Telephone: Evening Telephone	Zip Code: ne: ss: _	
Gender: Ethnicity (Optional): Mailing Address: City: Evening Telephore Cell Phone Number: Personal Email Address Representative's Chapter: Term begins: (Check one)	Zip Code: ne: ss: _	
Mailing Address: City: Daytime Telephone: Cell Phone Number: Representative's Chapter: Term begins: (Check one) From the date of the election Term ends: June 25, Il this Report of Results, along with the Teller's Report, Timeline, and Ballot (if e-	Zip Code: ne: ss: _	
City: Evening Telephone: Evening Telephone Cell Phone Number: Personal Email Address Representative's Chapter: From the date of the election Term begins: (Check one) From the date of the election Term ends: June 25, El this Report of Results, along with the Teller's Report, Timeline, and Ballot (if e-	Zip Code: ne: ss: _	
Daytime Telephone: Cell Phone Number: Representative's Chapter: Term begins: (Check one) From the date of the election Term ends: June 25, Il this Report of Results, along with the Teller's Report, Timeline, and Ballot (if e-	ne:ss: _	
Cell Phone Number: Personal Email Addre Representative's Chapter: Term begins: (Check one) From the date of the election Term ends: June 25,	ss: _	
Representative's Chapter: Term begins: (Check one)		
Term begins: (Check one) From the date of the election Term ends: June 25, il this Report of Results, along with the Teller's Report, Timeline, and Ballot (if e-		
Term ends: June 25,	OR From June 26.	
il this Report of Results, along with the Teller's Report, Timeline, and Ballot (if e-	y <u></u>	
	voting, include the results from e-voti	oting
PLEASE PRINT CLEARLY - MINIMUM TWO (2) SIGNA	TURES REQUIRED	
etions Committee Chair Name Elections	Committee Member Name	
tions Committee Chair Signature Date Elections	Committee Member Signature	Date
Email Address: ne Numbers		

Chapter Office:

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

Elections Committee Member Signature

Date

Appendix J - Official State Council Teller's Report - Alternate Election CTA

OFFICIAL STATE COUNCIL TELLER'S REPORT ALTERNATE ELECTION

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

This form must b	oe filled out complete	ely.					
☐ We are usin	ng the numbered seat	system					
CHAPTER NAM	ME (PLEASE DO NO	OT ABBREVIAT	E):				
VOTING BEGA	N:		VOT	TING ENDED:			
Is this a run-off	election?	No Yes	If yes, p		icial State Council Teller's		rom

Alternates must I	be elected by a plura	3. State Term of offic	e:	Alternate	4. State Council Term of office:		
		Number of se	ats for this	s term:	Number of seats for this	s term: _	
Т	Total Ballots Cast						
	*Blank Ballots						
	Illegal Ballots						
L	egal Ballots Cast						
List all candidates on	List all runners- up from	Candidate N	lame	Votes Received	Candidate Name	Votes	Received
ballot if: (please check)	Representative election if: (please - check)						
Separate election was	Runners-up become Alternate(s)						
conducted							
List	Write-Ins (if any)						
	s defined as not havin for Illegal Ballots:						
	PLEASE PRINT	CLEARLY - M	INIMUM	TWO (2) SIGNAT	TURES REQUIRED		
Elections Committ	tee Chair Name			Elections C	Committee Member Name		
Elections Committ Email Address	_		Date	Elections C	Committee Member Signature		Date
<u>Phone Numbers</u> Home: Cell	:			Elections C	Committee Member Name		
	:				Committee Member Signature 95, 6/06, 6/10, 6/12, 6/13, 6/22, 9/2	23]	Date 50

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

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

_napter/Multiple Gro	oup:					
Service Center Coun	cil:					
BEFORE PRO	CEEDING: A	lternates reported here must h	ave accepted to sei	ve in this position.		
Alternate's name:			Member #			
		Ethnicity (Optional): _				
Mailing Address	s:					
City:				_Zip Code:		
Daytime Teleph	one:	Eveni	vening Telephone:			
Cell Phone Nun	nber:	Personal En	nail Address:			
Alternate's Cha	pter:					
Term begins:	(Check one)	From the date of the election	OR	From June 26,		
Term ends:	June 25,					
Alternate's name:			Member #			
		Ethnicity (Optional):				
		• • •				
-		Eveni		_		
		Eveni Personal En				
Alternate's Char						
Term begins:	(Check one)	From the date of the election	OR	☐ From June 26,		
Term ends:	June 25,					
mail this Report of R endor) to <u>ctaelection</u>		n the Teller's Report, Timeline, and	Ballot (if e-voting, inc	clude the results from e	-voting	
P	PLEASE PRINT	CLEARLY - MINIMUM TWO (2) SIGNATURES R	EQUIRED		
Elections Committee Chair Name			Elections Committee	Member Name		
Elections Committee C	hair Signature	Date	Elections Committee	Member Signature	Date	
Email Address:						
hone Numbers			Elections Committee	Member Name		
			Elections Committee	e Member Signature	Date	
			[Revised 6/05, 6/06, 6/10	0 4/10 4/12 4/00 0/001		