



Brothers and Sisters of Saint Francis Region
Secular Franciscan Order
Alabama · Georgia · North Carolina · South Carolina · Tennessee

CHAPTER OF ELECTIONS
ELECTION TELLERS REPORT

	Ballot #1	Ballot #2	Ballot #3
MINISTER			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
VICE MINISTER			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SECRETARY			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TREASURER			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
FORMATION DIRECTOR			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
COUNCILORS	Ballot #1	Ballot #2	Ballot #3
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Total Number of Active and Passive Voice (Active Professed Members) _____
- Total Number of Active Voice (Temporary Professed Members) _____
- Total Number of Voters _____
- Number of votes necessary for this election (A Quorum) _____

The quorum consists of a majority of active members who are not excused from attendance. NS Art. 18:6

Active and Passive Voice - Can Vote if Present. Can be Voted upon.

Active Voice - Can Vote if Present. Cannot be Voted upon.

Only the Temporary Professed has Active Voice. (2000 General Constitutions - Article 77:1)
 The Spiritual Assistant does not Vote.

The Outgoing Minister cannot be Elected Vice Minister. (2000 General Constitutions - Article 79:1)

Fraternal Presider _____

Ecclesiastical Witness _____

Secretary _____

Teller _____

Teller _____

Fraternity _____

City and State _____

Date _____

April 2, 2005



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CHAPTER OF ELECTIONS - NEWLY ELECTED COUNCIL

Fraternity: _____

Minister: Mr. Mrs. Ms. _____

Address: _____

Phone: _____ E-mail: _____

Vice Minister: Mr. Mrs. Ms. _____

Address: _____

Phone: _____ E-mail: _____

Secretary: Mr. Mrs. Ms. _____

Address: _____

Phone: _____ E-mail: _____

Treasurer: Mr. Mrs. Ms. _____

Address: _____

Phone: _____ E-mail: _____

Formation Director: Mr. Mrs. Ms. _____

Address: _____

Phone: _____ E-mail: _____

Councilor: Mr. Mrs. Ms. _____

Address: _____

Phone: _____ E-mail: _____

Councilor: Mr. Mrs. Ms. _____

Address: _____

Phone: _____ E-mail: _____

Submitted by: _____ Date: _____