St. Thomas More Region
SECULAR FRANCISCAN ORDER
Election Tally Forms

Fraternity's Name: _____

# of Voters _____ **Number of votes necessary for this election** _____

OFFICE	BALLOT #1	BALLOT #2	BALLOT #3
MINISTER			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
VICE MINISTER			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SECRETARY			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TREASURER			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

St. Thomas More Region
SECULAR FRANCISCAN ORDER
Election Tally Forms

OFFICE	BALLOT #1	BALLOT #2	BALLOT #3
FORMATION DIRECTOR			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
COUNCILOR			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
COUNCILOR			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
COUNCILOR			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attested to (Please sign):

_____
Secretary of Election

_____
Presider

_____
Friar Witness

_____
Teller of Election

_____
Teller of Election

_____
Date/ City-State