NAME OF LOCAL ASSOCIATION

I certify that the following delegates and alternates have been elected by members of the Local Association in a secret ballot election conducted on ______________________, 2021.

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<th>PLEASE LIST DELEGATES ONLY</th>
<th>NUMBER OF VOTES RECEIVED BY EACH CANDIDATE</th>
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<th>PLEASE LIST ALTERNATES ONLY</th>
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Complete the following paragraph ONLY if your local has automatic delegate “by virtue” language regarding local association officers in your Constitution/Bylaws.

Our local association’s constitution, dated ______________ contains language in Article ____, Section ____ , which states the President and or Vice President/President Elect will serve as automatic delegates to the WOE A Representative Assembly by virtue of office.

An ASTERICK (*) in the “NUMBER OF VOTES” column denotes the President and/or Vice President/President-Elect as having automatic delegate status by virtue of office.

I certify that all statements contained in this document are true: X ______________________

Local Association President
DEADLINE INFORMATION:
YOU MUST SUBMIT THIS OFFICIAL FORM, COMPLETED FRONT AND BACK WITH NUMBER OF VOTES RECEIVED AND
APPROPRIATE SIGNATURES, TO THE WOEA OFFICE NO LATER THAN OCTOBER 15, 2021
YOU MUST ATTACH A SAMPLE COPY OF THE BALLOT USED IN THE ELECTION! FAILURE TO MEET THESE
CONSTITUTIONAL REQUIREMENTS MAY RESULT IN THE DENIAL OF DELEGATE PRIVILEGES FOR YOUR ELECTED
ASSOCIATION DELEGATES BY THE WOEA CREDENTIALS COMMITTEE.

Affiliated Local Association Official Report of Delegates and Alternates to the 2021
Fall Forum and 2022 Spring Representative Assembly of

WESTERN OHIO EDUCATION ASSOCIATION

Local Association Name_______________________________________________________________________________________________________________
County _______________________________President _____________________________________________________Electoral Unit _______________
Pres. Home Phone ________________ Pres. School Phone ________________ Email ____________________________

PLEASE PRINT OR TYPE:  List DELEGATE NAMES ONLY in the section below, IN RANK ORDER OF VOTES RECEIVED.
1. Name ________________________________________________________________________________________________________
   Street Address __________________________________ City __________ State ___ Zip Code ______ Email __________________________
2. Name ________________________________________________________________________________________________________
   Street Address __________________________________ City __________ State ___ Zip Code ______ Email __________________________
3. Name ________________________________________________________________________________________________________
   Street Address __________________________________ City __________ State ___ Zip Code ______ Email __________________________
4. Name ________________________________________________________________________________________________________
   Street Address __________________________________ City __________ State ___ Zip Code ______ Email __________________________

PLEASE PRINT OR TYPE:  List ALTERNATE NAMES ONLY in the section below, IN RANK ORDER OF VOTES RECEIVED.
1. Name ________________________________________________________________________________________________________
   Street Address __________________________________ City __________ State ___ Zip Code ______ Email __________________________
2. Name ________________________________________________________________________________________________________
   Street Address __________________________________ City __________ State ___ Zip Code ______ Email __________________________
3. Name ________________________________________________________________________________________________________
   Street Address __________________________________ City __________ State ___ Zip Code ______ Email __________________________
4. Name ________________________________________________________________________________________________________
   Street Address __________________________________ City __________ State ___ Zip Code ______ Email __________________________

President’s or Election Chairperson’s SIGNATURE REQUIRED  X ________________________________________________________________
Sample Ballot
Any Local Education Association
Delegate to 2021 Fall Forum and
2022 Spring Representative Assembly

Vote for no more than (2) delegates *(example only)* in addition to Local President and Vice President
serve as automatic delegates by virtue of their offices
for a total of four (4) local delegates.

| * | John President |
| * | Jane Vice President |
| Tom Jones |
| Ann Lee |

* Automatic delegate by virtue of office in accordance with local constitution/bylaws, Art. 3, Sec.2.