I certify that the following delegate(s) and alternate(s) representing the:

___________________________________________________________

NAME OF LOCAL ASSOCIATION

Have been elected by members of the Association, in a secret ballot election conducted on ______________________, 2019.

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<tr>
<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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</table>

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 WOEA Representative Assembly by virtue of office.

AnASTERICK (*) 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, 2019. 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 2019 Fall Forum and 2020 Spring Representative Assembly of

WESTERN OHIO EDUCATION ASSOCIATION

Local Association Name ______________________________________________________________________________________________________
County _______________________________ President _______________________________________________________ Electoral Unit ________
Pres. Home Phone _____________________ Pres. School Phone ____________________ E-Mail ________________________________

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 _____________________________________________________________

IMPORTANT! Please return official form along with a SAMPLE COPY OF BALLOT used in the election to:
Western Ohio Education Association, 1100 Wayne Street, Suite 2522, Troy, Ohio 45373 by **October 15, 2019**.
THIS FORM MAY BE REPRODUCED.
Sample Ballot
Any Local Education Association
Delegate to 2019 Fall Forum and
2020 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.

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<tr>
<td>*</td>
<td>John President</td>
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<tr>
<td>*</td>
<td>Jane Vice President</td>
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<td>Tom Jones</td>
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<td>Ann Lee</td>
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<td><em>(write-in candidate)</em></td>
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</table>

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