



Secular Franciscan Order  
 Divine Mercy Region #56  
 Local Fraternity Election Report

Date: \_\_\_\_\_

Fraternity Name: \_\_\_\_\_ Number: \_\_\_\_\_  
 Place of Election: \_\_\_\_\_  
 Secretary of Election: \_\_\_\_\_ [voting member]  
 Teller 1: \_\_\_\_\_ [voting member]  
 Teller 2: \_\_\_\_\_ [voting member]  
 OFS Presider: \_\_\_\_\_  
 Ecclesial Witness: \_\_\_\_\_  
 Total Voting Membership: # \_\_\_\_\_ Permanently Professed  
 Quorum # \_\_\_\_\_ More than half the eligible voters must be present  
 Number of votes Needed for: Absolute: # \_\_\_\_\_ [1 more than half]  
 Relative: # \_\_\_\_\_ [highest number]  
 Two Thirds: # \_\_\_\_\_ [for third term]

**Results of Election**

**Minister:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**Vice-Minister:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**Secretary:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**Treasurer** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
**Formation Minister**  **Councilor # 1**  : \_\_\_\_\_  
 [Please Check One Above]  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 OFS Presider Signature: \_\_\_\_\_



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### Results of Election

**Councilor # 2**

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

**Councilor # 3**

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

**Councilor # 4**

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

**Councilor # 5**

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

**Councilor # 6**

Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

### Attested to (Please sign)

Secretary of Election: \_\_\_\_\_

Teller 1: \_\_\_\_\_

Teller 2: \_\_\_\_\_

Ecclesial Witness: \_\_\_\_\_

OFS Presider: \_\_\_\_\_



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**Election Ballot Count**

Fraternity: \_\_\_\_\_ Number: \_\_\_\_\_

**Office of Minister**

Minister	Ballot #1	Ballot #2	Ballot #3
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vice-Minister	Ballot #1	Ballot #2	Ballot #3
_____	_____	_____	_____
_____	_____	_____	_____

**Office of Councilor**

Secretary	Ballot #1	Ballot #2	Ballot #3
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Treasurer	Ballot #1	Ballot #2	Ballot #3
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Formation Minister <input type="checkbox"/>	Ballot #1	Ballot #2	Ballot #3
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Councilor 1   
 [please check one]

OFS President: \_\_\_\_\_ Secretary of Election: \_\_\_\_\_



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**Office of Councilor**

<b>Councilor 2</b>	<b>Ballot #1</b>	<b>Ballot #2</b>	<b>Ballot #3</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Councilor 3</b>	<b>Ballot #1</b>	<b>Ballot #2</b>	<b>Ballot #3</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Councilor 4</b>	<b>Ballot #1</b>	<b>Ballot #2</b>	<b>Ballot #3</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Councilor 5</b>	<b>Ballot #1</b>	<b>Ballot #2</b>	<b>Ballot #3</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFS Presider: \_\_\_\_\_ Secretary of Election: \_\_\_\_\_