**SECULAR FRANCISCAN ORDER**

 **FIVE FRANCISCAN MARTYRS REGION**

**CHAPTER OF ELECTIONS REPORT**

**Please complete 6 copies: 1 for Regional Minister; 1 for Regional Secretary; 1 for Regional Spiritual Assistant; 1 for Regional Database Administrator; 1 for Area Councilor, and 1 for your Fraternity.**

**Fraternity Name:**

**Date of Election: \_\_\_\_\_ Absolute Majority Relative Majority: \_\_\_\_\_\_\_**

**Presider:**

**Ecclesial Witness:**

**Secretary of Election:**

**Teller 1: Teller 2:**

**MINISTER:**

**Address:**

**Phone:**  E-Mail:

**VICE-MINISTER:**

**Address:**

**Phone:** E-Mail:

**SECRETARY**:

**Address:**

**Phone** E-Mail:

**TREASURER:**

**Address:**

**Phone:** E-Mail:

**FORMATION DIRECTOR:**

**Address:**

**Phone:** E-Mail:

**If appropriate for your Fraternity:**

**COUNCILLOR:**

**Address:**

**Phone:** E-Mail:

**If appropriate for your Fraternity:**

**COUNCILLOR:**

**Address:**

**Phone:** E-Mail:

**If appropriate for your Fraternity:**

**COUNCILLOR:**

**Address:**

**Phone:** E-Mail: