

**Affiliated Local Association Official Report of Delegates and Alternates
to the Representative Assemblies of the Ohio Education Association
2024-2025**

Local Association Name _____
 Electoral Unit _____ County _____ President _____
 Pres. Home Phone _____ Pres. School Phone _____ E-Mail _____

DELEGATES

PLEASE PRINT OR TYPE

IN RANK ORDER OF VOTES RECEIVED

ALTERNATES

PLEASE PRINT OR TYPE

IN RANK ORDER OF VOTES RECEIVED

1

NAME: _____
 Individual ID No: _____
 E-mail: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____
ETHNIC GROUP: Asian Black Hispanic Caucasian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Other Racial or Ethnic Minority Unknown

1

NAME: _____
 Individual ID No: _____
 E-mail: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____
ETHNIC GROUP: Asian Black Hispanic Caucasian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Other Racial or Ethnic Minority Unknown

2

NAME: _____
 Individual ID No: _____
 E-mail: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____
ETHNIC GROUP: Asian Black Hispanic Caucasian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Other Racial or Ethnic Minority Unknown

2

NAME: _____
 Individual ID No: _____
 E-mail: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____
ETHNIC GROUP: Asian Black Hispanic Caucasian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Other Racial or Ethnic Minority Unknown

3

NAME: _____
 Individual ID No: _____
 E-mail: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____
ETHNIC GROUP: Asian Black Hispanic Caucasian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Other Racial or Ethnic Minority Unknown

3

NAME: _____
 Individual ID No: _____
 E-mail: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____
ETHNIC GROUP: Asian Black Hispanic Caucasian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Other Racial or Ethnic Minority Unknown

4

NAME: _____
 Individual ID No: _____
 E-mail: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____
ETHNIC GROUP: Asian Black Hispanic Caucasian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Other Racial or Ethnic Minority Unknown

4

NAME: _____
 Individual ID No: _____
 E-mail: _____
 Street Address: _____
 City: _____ State: ____ Zip: _____
ETHNIC GROUP: Asian Black Hispanic Caucasian
 American Indian/Alaska Native Native Hawaiian/Pacific Islander
 Other Racial or Ethnic Minority Unknown

President's or Election Chairperson's **SIGNATURE REQUIRED** (SIGN HERE) X _____

IMPORTANT! Please return official form and keep a **SAMPLE COPY OF BALLOT** used in the election **OR OFFICIAL MINUTES** from an association general meeting indicating winners of an acclamation election, on file at the local for a period of no less than one (1) year, and they must be made available to OEA upon request, by **October 15, 2024**. Please use **225 E. Broad St., Columbus, OH 43215**. THIS FORM MAY BE REPRODUCED AS NEEDED OR PRINTED FROM THE OEA WEBSITE TO ACCOMMODATE LOCAL DELEGATES ALLOCATED TO YOUR LOCAL. **NOTE:** The ten (10) digit individual ID number is located on your OEA membership card and on all OEA membership rosters.

2024-2025 OEA Representative Assemblies

DELEGATE ELECTION RESULTS

NAME OF LOCAL ASSOCIATION

Please record the following information regarding the election:

- Date of **Notice of Election (as mandated by the Landrum-Griffin Act)** sent to members last known home address (**must be 15 days prior to election**) _____
- Date of Election (**must be no sooner than 15 days after Notice of Election sent**) _____
- Date of ballot count (or tally) _____
- Total number of members in local association _____
- Total **members who voted** _____

*******TO AVOID THE LANDRUM-GRIFFIN ACT COULD HAVE SERIOUS CONSEQUENCES*******

List DELEGATES ONLY In order of votes received		Number of votes rec'd by each CANDIDATE	List ALTERNATES ONLY In order of votes received		Number of votes rec'd by each DELEGATE
1	DELEGATE		1	ALTERNATE	
2	DELEGATE		2	ALTERNATE	
3	DELEGATE		3	ALTERNATE	
4	DELEGATE		4	ALTERNATE	

An **ASTERISK (*)** in the “**NUMBER OF VOTES**” column denotes the President, Vice President, President-Elect or other designated officer as having automatic delegate status by virtue of office.

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 that the President and or Vice President/President-Elect, or other designated officer will serve as automatic delegates to the OEA Representative Assembly by virtue of office.

I certify that the above election information and 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 OEA HEADQUARTERS **NO LATER THAN OCTOBER 15, 2024.** YOU MUST RETAIN A SAMPLE COPY OF THE BALLOT USED IN THE ELECTION, OR MEETING MINUTES FROM AN ALL MEMBER MEETING WHERE THE ELECTION WAS HELD, FOR A PERIOD OF NO LESS THAN ONE (1) YEAR. **FAILURE TO MEET THESE CONSTITUTIONAL REQUIREMENTS MAY RESULT IN THE DENIAL OF DELEGATE PRIVILEGES FOR YOUR ELECTED ASSOCIATION DELEGATES BY THE OEA CREDENTIALS COMMITTEE.**