

Date			Teller Committee, This Form:		
Title of Event					
Title of Race					
Number of Credentialed Voters			Number of Ballots Cast This Race		
(Total Ineligible Ballots. Do Not Include in Total Cast or Counted. Record # Ineligible After Team Name. _____)					
Candidate Totals	Total/ Percentage/ Place	Total/ Percentage/ Place	Total/ Percentage/ Place	Total/ Percentage/ Place	Total/ Percentage/ Place
Candidate Name					
(As Nominated)					
Team A					
Team B					
Team C					
Team D					
Team E					
Team F					
Team G					
Team H					
Team I					
Team J					
Team K					
Team L					
Team M					
Team N					
Team O					
Team P					
Team Q					
Team R					
Team S					
Team T					
Team U					
Team V					
Team W					
Team X					
Team Y					
Team Z					
Team AA					
Team BB					
Team CC					
Team DD					
Team EE					
Team FF					
Team GG					
Team HH					
Team II					
Team JJ					
Team KK					
Team LL					
Team MM					
Team NN					
Team OO					
Team PP					
Team QQ					
Team RR					
Team SS					
Team TT					
Team UU					
Team VV					
Team WW					
Team XX					
Team YY					
Team ZZ					