

NOMINATION MEETING REPORT

1. Local Union/System Fed./Gen. Com. of Adjustment _____ of the

Check one of the boxes below:

IBT GCC BMWED BLETD

2. Date and time of meeting _____

3. Location of meeting _____

4. Total number of nomination meetings held for this Local _____

5. Chair of Meeting _____

Local Union Position (if any) _____

6. Number of persons in attendance _____

7. **Number of Delegate Positions** _____ **Alternates** _____

8. Were any slate forms submitted? • Yes • No

9. Did you conduct a lottery for ballot placement? • Yes • No

10. Name of person completing report _____

11. Was there an Election Supervisor representative at the meeting? • Yes • No

12. Name of Election Supervisor Representative _____

13. Check: • White Ballot • Contested Election

14. Comments regarding any unusual incidents or improper conduct:

Important Note:

You must submit this report to the Office of the Election Supervisor no later than within three (3) days of the nomination meeting. The Election Supervisor may be contacted at:

**Office of the Election Supervisor *for the*
International Brotherhood of Teamsters
1990 M Street, N.W., Suite 650
Washington, D.C. 20036
844-428-8683 Toll Free
electionsupervisor@IBTvote.org**

Please attach to this report:

1. Completed Candidate Information Sheets (Election Supervisor Form 4) for each candidate.
2. Copies of any Slate Declaration Forms (Election Supervisor Form 10) submitted. Candidate and slate names must be listed as they are to appear on the ballot.
3. Order of candidates following ballot position lottery.

All Election Supervisor Forms are available under the Official Forms Tab at ww.ibtvote.org

