

NOMINATION MEETING REPORT

1. Local Union Number _____
Check one of the boxes below, if applicable
 GCC BMW Division of IBT Rail Conference BLET Division of IBT Rail Conference
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
1801 K Street, NW, Suite 421 L
Washington, DC 20006
Toll Free: (877) 317-2011
Tel: (202) 429-8683/ Fax: (202) 429-6809
ElectionSupervisor@IBTvote.org**

Attach to this report:

1. A complete list of nominators, seconders, and candidates with Social Security Numbers for each nomination made. Candidate and slate names must be listed as they are to appear on the ballot.
2. Order of candidates following ballot position lottery.