

Nomination Meeting Report

1. Local Union/System Federation/General 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
1050 17th Street, N.W., Suite 375
Washington, DC 20036
Toll Free: (844) 428-8683
Tel: (202) 429-8683/ Fax: (202) 774-5526
ElectionSupervisor@IBTvote.org

Attach to this report:

1. A complete list of nominators, seconders, and candidates with the last four digits of each nominator, seconder and candidate's SSN/SIN 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.