

CANDIDATE BALLOT PLACEMENT FORM

Please use this form to record the official slate name of each slate and the order of candidate names within each slate. You should keep this form as a record for printing the ballots.

ORDER OF SLATES AND CANDIDATES WITHIN SLATES

SLATE NAME: _____

Delegate Candidates: _____

Alternate Candidates: _____

SLATE NAME: _____

Delegate Candidates: _____

Alternate Candidates: _____

SLATE NAME: _____

Delegate Candidates: _____

Alternate Candidates: _____

INDIVIDUAL CANDIDATES

Delegate Candidates: _____

Alternate Candidates: _____

RANKING OF DELEGATES OR ALTERNATIVES IN UNCONTESTED ELECTION

Delegate Candidates: _____

Alternate Candidates: _____

Please submit a copy of this form to the Election Supervisor:

**Office of the Election Supervisor for the
International Brotherhood of Teamsters
1050 17th St, NW, Suite 375
Washington, DC 20036**

**Phone: 202-429-8683 Toll Free: 844-428-8683 Fax: 202-774-5526
electionsupervisor@ibtvote.org**