

## 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:

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**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 17<sup>th</sup> Street, N.W., Suite 375  
Washington, DC 20036  
Toll Free: (844) 428-8683  
Tel: (202) 429-8683/ Fax: (202) 774-5526  
ElectionSupervisor@IBTvote.org**

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**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.