ELECTION SUPERVISOR FORM 13

Local Union Ballot Tally Certification

LOCAL UNIO	ON/SYSTEM FEDERATION/GCA:	***************************************
Check one of the boxes b	elow, if applicable:	
□ GCC □ BMV	7E Division of IBT Rail Conference ☐ BLET Division of IBT Ra	ail Conference
Date of Election:	Tally Location:	
referenced election.	ed as Election Officials or Observers at the tally of the ballot We certify that the ballot tally was fairly and accurately contained, and that the election results were as indicated below.	
BAL	LOT RECAP NUMBER OF BALLOTS	
	Valid Ballots Counted	
	Totally Void Ballots	
U	nresolved Challenged Ballots	
	Total Ballots Cast	
	ELECTION RESULTS	
DELEGATES	CANDIDATE NAME	NUMBER OF VOTES
		
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ELECTION RESULTS

ALTERNATE	CANDIDATE NAME	Number
DELEGATES		OF VOTES
		A-14A-
		
DBSERVERS	and the second of the second o	
PRINT NAME		SIGNATURE
		<u> </u>
LECTION OFFICIALS PRINT NAME		SIGNATURE
1 MM TACING		

Office of Election Supervisor

for the International Brotherhood of Teamsters
1050 17th Street, NW, Suite 375

Washington, D.C. 20036

Date:

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