

# FORM LM-15A

## REPORT ON SELECTION OF DELEGATES AND OFFICERS

For Official Use Only

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 461.

**TO ACCOMPANY TRUSTEESHIP REPORT, FORM LM-15, OR TERMINAL TRUSTEESHIP REPORT, FORM LM-16**

**E**

**READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT**

1. File Number of Labor Organization Held in Trusteeship		2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:	Month/Day/Year (mm/dd/yyyy)
3. Labor Organization Held in Trusteeship					
Affiliation or Organization Name			P.O. Box, Building and Room Number, if any		
Designation (Local, Lodge, etc.)			Number and Street		
Designation Number (Prefix/Number/Suffix)			City		
Unit Name (if any)			State ZIP Code + 4		

**Part A - Selection of Delegates** Complete Part A if during the reporting period a convention or other policy-determining body met to which the trustee labor organization sent delegates or would have sent delegates if not in trusteeship. (If the answer to any of the questions in Part A is "No", provide details in Item 20.)

4. Describe the convention or other policy determining body:	8. How were the delegates nominated?
a. Name of body	<input type="checkbox"/> a. At a membership meeting
b. Location(s)	<input type="checkbox"/> b. By written nomination
c. Type of body	<input type="checkbox"/> c. By petition
d. Date(s) of meetings	<input type="checkbox"/> d. Other
5. Was the trustee organization represented? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Was every "member in good standing" eligible to be a candidate (subject to reasonable qualifications uniformly imposed)? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did the delegates from the trustee organization participate in the business of the convention or other policy-determining body in the same manner as other delegates? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. How was the membership notified of the date, time and place of the election?
7. How were the delegates from the trustee organization selected?	<input type="checkbox"/> a. Mail notice
<input type="checkbox"/> a. Appointed by trustee	<input type="checkbox"/> b. Posting at work site
<input type="checkbox"/> b. Elected by the membership	<input type="checkbox"/> c. Union newspaper
<input type="checkbox"/> c. Other	<input type="checkbox"/> d. Other
<i>Complete Items 8 through 12 only if Item 7.c is checked.</i>	11. Was every "member in good standing" eligible to vote (subject to reasonable qualifications uniformly imposed)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	12. Was the election held by "secret ballot"? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Signatures

Each of the undersigned, duly authorized officials of the labor organization imposing the trusteeship over the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

21. Signed _____ Title <u>President</u>	President (if other title, see instructions.)	23. Signed _____ Title <u>Trustee</u>	Trustee (if other title, see instructions.)
On _____ Date	_____ Telephone Number	On _____ Date	_____ Telephone Number
22. Signed _____ Title <u>Treasurer</u>	Treasurer (if other title, see instructions.)	24. Signed _____ Title <u>Trustee</u>	Trustee (if other title, see instructions.)
On _____ Date	_____ Telephone Number	On _____ Date	_____ Telephone Number

Name of Labor Organization Held In Trusteeship	File Number	Ending Date of the Period Covered
--	-------------	-----------------------------------

**Part B - Election of Officers.** Complete Part B if during the reporting period the labor organization imposing the trusteeship held an election of officers. (If the answer to any of the questions in Part B is "No", Provide details in Item 20.)

<p>13. What was the date of the election? (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>14. List the title of each officer elected:</p> <div style="border: 1px solid black; background-color: #ffffcc; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; background-color: #ffffcc; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; background-color: #ffffcc; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; background-color: #ffffcc; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; background-color: #ffffcc; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; background-color: #ffffcc; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; background-color: #ffffcc; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; background-color: #ffffcc; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; background-color: #ffffcc; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; background-color: #ffffcc; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; background-color: #ffffcc; height: 15px; margin-bottom: 2px;"></div>	<p>15. Did the trustee organization participate in the election? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>16. How were the officers elected?</p> <p><input type="checkbox"/> At a convention reported in Item 4</p> <p><input type="checkbox"/> By referendum</p> <p><input type="checkbox"/> Other</p> <p><i>Complete Items 17 through 19 only if Item 16.b. is checked.</i></p> <p>17. Was an election notice mailed to members at their last known home address at least 15 days prior to the date of the election? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Was every "member in good standing" eligible to vote (subject to reasonable qualifications uniformly imposed)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Was the election held by "secret ballot"? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	---

20. Additional Information