

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

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READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT

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

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: a. Name of body <input type="text"/> b. Location(s) <input type="text"/> c. Type of body <input type="text"/> d. Date(s) of meetings <input type="text"/>	5. Was the trustee organization represented? <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	7. How were the delegates from the trustee organization selected? <input type="checkbox"/> a. Appointed by trustee <input type="checkbox"/> b. Elected by the membership <input type="checkbox"/> c. Other	8. How were the delegates nominated? <input type="checkbox"/> a. At a membership meeting <input type="checkbox"/> b. By written nomination <input type="checkbox"/> c. By petition <input type="checkbox"/> d. Other	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	10. How was the membership notified of the date, time and place of the election? <input type="checkbox"/> a. Mail notice <input type="checkbox"/> b. Posting at work site <input type="checkbox"/> c. Union newspaper <input type="checkbox"/> d. Other	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
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Complete Items 8 through 12 only if Item 7.c is checked.

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 <input type="text"/> President	President (if other title, see instructions.)	23. Signed _____ Title <input type="text"/> Trustee	Trustee (if other title, see instructions.)
On <input type="text"/> / <input type="text"/> / <input type="text"/> Date	<input type="text"/> Telephone Number	On <input type="text"/> / <input type="text"/> / <input type="text"/> Date	<input type="text"/> Telephone Number
22. Signed _____ Title <input type="text"/> Treasurer	Treasurer (if other title, see instructions.)	24. Signed _____ Title <input type="text"/> Trustee	Trustee (if other title, see instructions.)
On <input type="text"/> / <input type="text"/> / <input type="text"/> Date	<input type="text"/> Telephone Number	On <input type="text"/> / <input type="text"/> / <input type="text"/> Date	<input type="text"/> Telephone Number

