U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE ANNUAL REPORT

Form Approved Office of Management and Budget No. 1215-0188 Expires xx-xx-xxxx

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. 439 or 440.

For Official Use Only	THIS REPORT. YOU	J ARE NOT REQUIF VED A PAYMENT, E	RED TO FILE TH ENGAGED IN AN	IS REPORT UNLESS IY TRANSACTIONS	PAGES 14 - 18), BEFORE P S YOU, YOUR SPOUSE, OF OR ARRANGEMENTS OR S (PAGES 1 - 9).	R MINOR		
E			PART	Α		_		
	2. PERIO	OD COVERED:			4. LABOR ORGANIZA	ATION IDENTIFYII	NG INFO	RMATION:
1. LM-30 FILE NUMBER: U		Month/Day/Year (mm/dd/yyyy)		Month/Day/Year (mm/dd/yyyy)	A. NAME			
	FROM		THROUGH	/ /				
					B. MAILING ADDRESS	(LINE 1)		
3. CONTACT INFORMATION OF F								
A. FIRST NAME	B. MIDDLE NAME	(C. LAST NAME		C. MAILING ADDRESS	(LINE 2)		
								I
D. MAILING ADDRESS (LINE 1)					D. CITY		STATE	ZIP CODE
E MAILING APPRESS (LINE 9)					E EII E AII IMBED			
E. MAILING ADDRESS (LINE 2)					E. FILE NUMBER			
F. CITY		G. STATE	H. ZIP CODE					
F. GITT		G. STATE	TI. ZIF CODE		F. OFFICER	EMPLOYEE [
I. EMAIL ADDRESS (optional)					G. YOUR OFFICER POS	SITION OR JOB TIT	LE	
I. Ewille NBBRESS (Splishal)								
					H. DID YOU HOLD THIS THE REPORTING PE		3 TITLE AT	THE END OF
						YES	□ No	o 🗌
5. SUMMARY (FROM ATTACHED	PART B)							
A. TOTAL REPORTED INCOME OR C	OTHER PAYMENTS (tota	al from Schedule 2, I	Item F, Column (1) of each Part B)				\$
B. TOTAL REPORTED ASSETS (total from Schedule 2, Item F, Column (2) of each Part B)					\$			
THE UNDERSIGNED DECLARES, UNITHE INFORMATION CONTAINED IN A BELIEF, TRUE, CORRECT AND COMP	NY ACCOMPANYING D							
8. SIGNED					ON / /	Talanhara N		_
					Date (mm/dd/yyyy)	Telephone No	umber	

EMPLOYER or BUSINESS RELATIONSHIPS

6. EMPLOYER RELATIONSHIPS

Generally, you must complete Schedules 1, 2, and 3 of Part B, as fully explained in the instructions, if you, your spouse, or minor child had an arrangement or engaged in a transaction with, or held an interest in, or received income or other payment from (including any reimbursed expenses), or made loans to or received loans from, an employer or a labor relations consultant to an employer that meets any of the following conditions:

- An employer whose employees your labor organization represents or is actively seeking to represent; or
- An employer in competition with an employer whose employees your labor organization represents or is actively seeking to represent; or
- An employer that is a trust in which your labor organization is interested as defined in section 3(I) of the LMRDA; or
- An employer that is a non-profit organization that receives or is actively and directly soliciting (other than by mass mail, telephone bank, or mass media) money, donations or contributions from your labor organization; or
- An employer that is a labor organization that (1) has employees your union represents or is actively seeking to represent, (2) has employees in the same occupation as those represented by your union; (3) claims jurisdiction over work that is also claimed by your union; (4) is a party to or will be affected by any proceeding in which you have voting authority or other ability to influence the outcome of the proceeding; or (5) has made a payment to you for the purpose of influencing the outcome of an internal union election; or
- An employer that has made a payment to you for any of the following purposes: (1) not to organize employees; (2) to influence employees in any way with respect to their rights to organize; (3) to take any action with respect to the status of employees or others as members of a labor organization; (4) to take any action with respect to bargaining or dealing with employers whose employees your organization represents or is actively seeking to represent; or (5) to influence the outcome of an internal union election; or
- An employer whose interests are in actual or potential conflict with the interests of your labor organization or your duties to your labor organization.

Before proceeding, review Part II of the instructions (pages 1-9) to determine if any reporting exceptions apply to your situation. If the above conditions exist and none of the exceptions apply, then you must complete a separate Part B for each employer or labor relations consultant to an employer.

a. DO YOU HAVE ANY OF THESE RELATIONSHIPS WITH EMPLOYERS OR LABOR RELATIONS CONSULTANTS? YES NO b. If yes, record the number of employers and consultants: ______

7. BUSINESS RELATIONSHIPS

Generally, you must complete Schedules 1, 2, and 4 of Part B, as fully explained in the instructions, if you, your spouse, or minor child had an arrangement or engaged in a transaction with, or held an interest in, or received income or other payment from (including any reimbursed expenses), or made loans to or received loans from, a business, such as a goods vendor or service provider, that meets any of the following conditions:

- A substantial part of its business consists of buying or selling or otherwise dealing with an employer whose employees your labor organization represents or is actively seeking to represent; or
- Any part of its business consists of buying or selling or otherwise dealing with your labor organization; or
- Any part of its business consists of buying or selling or otherwise dealing with a trust in which your labor organization is interested.

Before proceeding, review Part II of the instructions (pages 1-9) to determine if any reporting exceptions apply to your situation. If the above conditions exist and none of the exceptions apply, then you must complete a separate Part B for each business.

a. DO YOU HAVE ANY OF THESE RELATIONSHIPS WITH A BUSINESS?	YES	NO 🗌
b. If yes, record the number of businesses:		

If you answer "No" to both Item 6a and Item 7a, you are not required to file Form LM-30.

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LM-30 File N	Number. U					No: _	··
				PART B			
SCHEDU	LE 1 - EMP	LOYER OR BUSINESS ID	ENTIFYING INF	ORMATION (all filers must	complete)		
Provide the fo	ollowing information	ntion regarding the employer, labor r abor relations consultant to an emp	relations consultant to loyer, or business me	an employer, or business that met t t the conditions identified in Item 6 c	he conditions identified in Ite or Item 7, you must complete	em 6 or Item 7. a separate Part B for	each one.)
A. LEGAL NAM	ME OF EMPLOYE	R, BUSINESS OR LABOR RELATIONS	CONSULTANT	Employer Labor Relat	Business I. TELE	PHONE NUMBER	
B. CONTACT I	FIRST NAME	C. CONTACT MIDDLE NA	AME	D. CONTACT LAST NAME	J. WEB SITE AD	DDRESS	
E. MAILING AI	DDRESS (LINE 1		MAILING ADDRESS	S (LINE 2)	RELATIONSH	JR SPOUSE, OR MINOR IP WITH THE EMPLOYE	R, BUSINESS O
F. CITY			G. STATE	H. ZIP CODE	THE REPORT	LABOR RELATIONS CONSULTANT AT THE I THE REPORTING PERIOD? YES NO	
or the busine	nformation requ	red below about interests in, payme		NTS FROM A LABOR REI		`	or complete
A. DATE		Schedule 1. Review Part II of the ins of the reportable matter (typically th	structions (pages 1-9)	from, and transactions or arrangements to determine the reportability of a particular of a particular of arrangement or transaction), to	articular payment or interest	and the applicability of	any reporting
		of the reportable matter (typically th	structions (pages 1-9) e date of receipt or da	to determine the reportability of a pa	articular payment or interest he recipient (you, your spous	and the applicability of se, or minor child), a de	any reporting escription of the
Employer Example 02/03/2007	B. OFFICER, EMPLOYEE, SPOUSE,	of the reportable matter (typically the	structions (pages 1-9) le date of receipt or da	to determine the reportability of a particle of arrangement or transaction), to C.	articular payment or interest he recipient (you, your spous	end the applicability of se, or minor child), a decension of the contract of t	any reporting escription of the object of th
Example	B. OFFICER, EMPLOYEE, SPOUSE, MINOR CHILD	of the reportable matter (typically the	estructions (pages 1-9) le date of receipt or da TINTEREST, PAYMER ayments from my employ	to determine the reportability of a particle of arrangement or transaction), to the control of t	articular payment or interest he recipient (you, your spous	and the applicability of se, or minor child), a dese, or minor child), a desertion of the control of the contro	any reporting escription of the object.
Example 02/03/2007 Business Example	B. OFFICER, EMPLOYEE, SPOUSE, MINOR CHILD Employee	DESCRIPTION OF I received 298 hours of union leave pa	estructions (pages 1-9) are date of receipt or date or date of receipt or date or dat	to determine the reportability of a particle of arrangement or transaction), to the control of t	articular payment or interest the recipient (you, your spous	and the applicability of se, or minor child), a dese, or minor child), a desertion of the control of the contro	any reporting escription of the object of th

E. TOTAL FROM SCHEDULE 2 CONTINUATION PAGES (IF ANY)

F. TOTAL OF COLUMNS D(1) AND D(2)

No:	of	
INO.	OI.	

SCHEDULE 3 - EMPLOYER'S RELATIONSHIP WITH YOUR LABOR ORGANIZATION (Complete for employers only, that is, if you answered "yes" to Item 6a on page 2.)

Under Part A, check the box (and letter, where appropriate) that correctly describes the nature of the employer's relationship with your labor organization. Under Part B, provide details describing the relationship. If you received a reportable payment from a labor relations consultant to an employer, answer these questions with respect to the employer.

g	
EMPLOYER'S RELATIONSHIP	
1. The employer employs employees that your labor organization represents or is actively seeking to represent.	
2. The employer is in competition with an employer whose employees your union represents or is actively seeking to represent.	
3. The employer is a trust in which your labor organization is interested as defined in section 3(I) of the LMRDA.	
4. The employer is a non-profit organization that receives or is actively and directly soliciting (other than by direct mail, telephone bank, or mass media	a) money, donations or
contributions from your labor organization.	
5. The employer is a labor union that:	
 a has employees your union represents or is actively seeking to represent; 	
 b has employees in the same occupation as those represented by your union; 	
c claims jurisdiction over work that is also claimed by your union;	
d is a party to or will be affected by any proceeding in which you have voting authority or other ability to influence the outcome of the proceeding	ng; or
e has made a payment to you for the purpose of influencing the outcome of an internal union election.	
6. The employer has made payments to you for any of the following purposes:	
a not to organize employees;	
b to influence employees in any way with respect to their right to organize;	
c to take any action with respect to the status of employees or others as members of a labor organization;	
d to take any action with respect to bargaining or dealing with employers whose employees your organization represents or is actively seeking	to represent; or
e to influence the outcome of an internal union election.	
7. The employer's interests are in actual or potential conflict with the interests of your labor organization or your duties to your labor organization.	
B. PROVIDE DETAILS OF THE EMPLOYER'S RELATIONSHIP WITH YOUR LABOR ORGANIZATION AND SET FORTH THE DOLLAR VALUE OF ANY	
OTHER TRANSACTIONS BETWEEN THE EMPLOYER AND THE LABOR ORGANIZATION. IF THERE ARE NO PAYMENTS OR TRANSACTIONS WI OR IF YOU DO NOT KNOW AND CANNOT ESTIMATE THE VALUE, ENTER N/A AND EXPLAIN IN THE ADDITIONAL INFORMATION SCHEDULE.	THA MONETARY VALUE,
(For example, if you checked Box 7, the description might read "Local Union ABC paid annual premiums to HealthCare PrePaid, Inc., a not-for-profit health insurance company, in return for insurance coverage for members of Local Union ABC.")	1
	B(1). Value (if applicable)
	(405.000
	\$ 125,000

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No:	of	•

SCHEDULE 4 - BUSINESS'S DEALINGS WITH UNION(S), TRUST(S), OR EMPLOYER(S) (Complete for businesses only, that is, if you answered "yes" to Item 7a on page 2.)

Enter the legal name of the entity with which the business deals in Column (A); Indicate whether the entity is a union, trust, or employer in Column (B); Enter its file number, if known, in Column (C); Describe in detail the nature of the dealings between the entity and the business in Column (D); Enter the value of such dealings between the entity and the business in Column (E). If the exact value is not known and cannot be estimated, enter "N/A" and explain the situation in the Additional Information Schedule.

A. NAME OF UNION, TRUST OR EMPLOYER	B. UNION/TRUST/ EMPLOYER	C. FILE NUMBER	D. DESCRIPTION OF DEALINGS	E. VALUE
TWINE OF STREET, THOSE SIX ZIM ZOTZIX	EMPLOYER	Nomber	BESSIAL FISH OF BEALINGS	V/ 1202
Example - Local XYZ	Union	345-678	Cleaning Servicers, Inc. contracted with Local XYZ to clean its office space once per month	\$960

ITEM 4 CONTINUATION PAGE

LABOR ORGANIZATIONS IN WHICH THE REPORTING PERSON IS AN OFFICER OR EMPLOYEE

4. LABOR ORGANIZATION IDENTIFY	ING INFO	RMATION:	4. LABOR ORGANIZATION	I IDENTIFYING INFOF	RMATION:
A. NAME		A. NAME			
B. MAILING ADDRESS (LINE 1)			B. MAILING ADDRESS (LINE 1	1)	
C. MAILING ADDRESS (LINE 2)			C. MAILING ADDRESS (LINE 2	2)	
D. CITY	STATE	ZIP CODE	D. CITY	STATE	ZIP CODE
E. FILE NUMBER			E. FILE NUMBER		
F. OFFICER EMPLOYE	<u> </u>		F. OFFICER	EMPLOYEE	
G. YOUR OFFICER POSITION OR JOB TIT	LE		G. YOUR OFFICER POSITION	I OR JOB TITLE	
H. DID YOU HOLD THIS POSITION OR JO THE REPORTING PERIOD? YES	_	THE END OF	H. DID YOU HOLD THIS POSITHE REPORTING PERIOD?		
4. LABOR ORGANIZATION IDENTIFY	ING INFOI	RMATION:	4. LABOR ORGANIZATION	I IDENTIFYING INFOR	RMATION:
A. NAME			A. NAME		
B. MAILING ADDRESS (LINE 1)			B. MAILING ADDRESS (LINE 1	1)	
C. MAILING ADDRESS (LINE 2)			C. MAILING ADDRESS (LINE 2	2)	
D. CITY	STATE	ZIP CODE	D. CITY	STATE	ZIP CODE
E. FILE NUMBER		1	E. FILE NUMBER		
F. OFFICER EMPLOYEE			F. OFFICER	EMPLOYEE	
G. YOUR OFFICER POSITION OR JOB TIT	LE		G. YOUR OFFICER POSITION	I OR JOB TITLE	
H. DID YOU HOLD THIS POSITION OR JO THE REPORTING PERIOD?			H. DID YOU HOLD THIS POSITHE REPORTING PERIOD	?	
YES	1 I N	10	1	YES N	0 🗍

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No:	of	

SCHEDULE 2 CONTINUATION PAGE

SCHEDULE 2 - FILER'S INTERESTS IN, PAYMENTS FROM, LOANS TO OR FROM, AND TRANSACTIONS WITH EMPLOYER OR BUSINESS AND PAYMENTS FROM A LABOR RELATIONS CONSULTANT (all filers must complete)

Provide the information required below about interests in, payments from, loans to or from, and transactions or arrangements with the employer or labor relations consultant to an employer or the business identified in Schedule 1. Review Part II of the instructions (pages 1-9) to determine the reportability of a particular payment or interest and the applicability of any reporting exceptions. Include the date of the reportable matter (typically the date of receipt or date of arrangement or transaction), the recipient (you, your spouse, or minor child), a description of the matter, and its value.

A.	В.	C.).
DATE	OFFICER, EMPLOYEE,		(1) VALUE OF INCOME OR	(2) VALUE OF ASSET
DAIL	SPOUSE,	DESCRIPTION OF INTEREST, PAYMENT, LOAN, TRANSACTION, OR ARRANGEMENT	OTHER	
	MINOR CHILD		PAYMENTS	
		E. TOTAL OF COLUMNS D(1) and D(2) FOR THIS PAGE		

LM-30 File Number:	U -	·
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No:	of	

SCHEDULE 4 CONTINUATION PAGE

SCHEDULE 4 - BUSINESS'S DEALINGS WITH UNION(S), TRUST(S), OR EMPLOYER(S) - CONTINUATION PAGE (Complete for businesses only, that is, if you answered "yes" to Item 7a.)

Enter the legal name of the entity with which the business deals in Column (A); Indicate whether the entity is a union, trust, or employer in Column (B); Enter its file number, if known, in Column (C); Describe in detail the nature of the dealings between the entity and the business in Column (D); Enter the value of such dealings between the entity and the business in Column (E). If the exact value is not known and cannot be estimated, enter "N/A" and explain the situation in the Additional Information Schedule.

A. NAME OF UNION, TRUST OR EMPLOYER	B. UNION/TRUST/ EMPLOYER	C. FILE NUMBER	D. DESCRIPTION OF DEALINGS	E. VALUE
Example - Local XYZ	Union	345-678	Cleaning Servicers, Inc. contracted with Local XYZ to clean its office space once per month	\$960

ADDITIONAL INFORMATION SCHEDULE

A. SCHEDULE/ITEM	B. ADDITIONAL INFORMATION

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