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

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0205
Expire

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.

READ THE INSTRUCTIONS C.	AREFULLY BEFORE PREPARING THIS REPORT.
E	
1. File Number U -	2. Fiscal Year Covered From:
	/ / Through: /
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name	Name
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street	Street
City	City
State ZIP Code + 4	State ZIP Code + 4
5. Position in labor organization.	
Enter appropriate data below If, during the past fiscal year, you or (except as specified in	your spouse or minor child directly or indirectly had any of the following interests the exclusions set forth in the instructions):
(except as specified in A. Held an interest in, engaged in transactions (including loans)	the exclusions set forth in the instructions): with, or derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your organical engaged.	the exclusions set forth in the instructions): with, or derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your organical engaged.	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
(except as specified in A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your orgo. Name and address of Employer (including trade name, if any).	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your org. 6. Name and address of Employer (including trade name, if any). Name	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
(except as specified in A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your orgo. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your org. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your orgo. 3. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your orgon. S. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
(except as specified in A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your orgon. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature enalty of Perjury and other applicable penalties of the law, that all of the information ecompanying documents), has been examined by the signatory and is, to the best of the
A. Held an interest in, engaged in transactions (including loans) monetary value from an employer whose employees your org. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under possibilitied in this report (including the information contained in any acceptance).	with, or derived income or other economic benefit of ganization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature enalty of Perjury and other applicable penalties of the law, that all of the information accompanying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization b. Trust c. Employer		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		