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VALIDATION SUMMARY

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

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form Approved Office of Management and Budget No. 1245-0005 Expires: 09-30-2014

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

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. LM-30 File Number U-65374

2. Fiscal Year Covered From 01/01/2011 Through 12/31/2011 (mm/dd/yyyy) (mm/dd/yyyy)

3. Amended Report - If this is an amended report, check here: [ ]

4. Your Contact Information

First Name Middle Name Last Name Thomas Schlamme

Street Address P.O. Box - Building and Room Number 16030 ventura blvd. suite 380

City State ZIP + 4 Encino CA 91436

Email Address (Optional)

Note : Complete PART A, B, or C if during the past fiscal year, you or your spouse or minor child directly or indirectly had a reportable interest in, transaction or arrangement with, or received income, payment, or benefit from the entities described below.

15. Signature and Verification

The undersigned 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.

Signed: Date: Telephone Number:

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5. Labor Organization Identifying Information

1. File Number  -    Find or Add an Organization

Officer  Employee

Your officer position or job title

Delete Item 5

Add Another Labor Organization

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**PART A - REPRESENTED EMPLOYER.** An employer whose employees your labor organization represents or is actively seeking to represent.

- 1.   Find, Add or Edit Employer

6. Name of represented employer

**Contact**

First Name	Middle Name	Last Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	P.O. Box - Building and Room Number	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			ZIP + 4
			<input type="text"/>

7.a. Nature of interest, transaction, benefit, arrangement, income, or loan

7.b. Amount or value or interest, transaction, benefit, arrangement, income, or loan

If value is not known or cannot be estimated, please explain why

Delete Part A

Add Another Part A

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**PART B - BUSINESS.** A business, such as a vendor or service provider, (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer described in Part A 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.

- 1.   Find, Add or Edit Business

8. Name of Business

**Contact**

First Name	Middle Name	Last Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	P.O. Box - Building and Room Number	City	State ZIP + 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

9. Business deals with  a. Labor Organization  b. Trust  c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

**Contact**

First Name	Middle Name	Last Name	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	P.O. Box - Building and Room Number	City	State ZIP + 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

11.a. Nature of dealings

11.b. Value of dealings

If value is not known or cannot be estimated, please explain why

12.a. Nature of interest, benefit, arrangement, or income

12.b. Amount or value of interest, benefit, arrangement, or income

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**PART C - OTHER EMPLOYER OR LABOR RELATIONS CONSULTANT.** An employer (other than an employer or business covered under Parts A and B above) from whom a payment would create an actual or potential conflict between your personal financial interests and the interests of your labor organization (or your duties to your labor organization); or a labor relations consultant to such an employer or to the employer listed in Part A.

- 1.  Find, Add or Edit Other Employer or Labor Consultant

13.a. Contact information for employer or labor relations consultant

Name of employer or labor relations consultant

**Contact**

First Name

Middle Name

Last Name

Telephone

Street Address

P.O. Box - Building and Room Number

City

State

ZIP + 4

13.b. Type of Entity:

Is this entity

an employer or

a consultant?

14.a. Nature of payment

14.b. Amount or value of payment

If value is not known or cannot be estimated, please explain why

Delete Part C

Add Another Part C

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