IMPORTANT: 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.

Office of Labor-Management Standards **U.S. Department of Labor**

OMB No. 1245-0003. Expires XX-XX-XXXX.

For Official Use Only Ε

► Read the instructions carefully before completing this report. ◀

1.a. File Number E -	1.b. □ Hardship Exemption	1.c. □ Amended Report	2. Fiscal Year Covered: through (mm/dd/yyyy) (mm/dd/yyyy)				
3Name and address of Reporting Employer (including trade name, if any).			Name of President or corresponding principal officer and address if different from address in Item 3.				
Employer			Name				
Attention To (including title)			Title				
Street			Street				
City			City				
State ZIP Code			State ZIP Code				
Email Address			Email Address				
	Number (EIN)						
Any other address where records necessary to verify this report will be available for examination.		rify this report will be	Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination.				
Organization			□ Address in Item 3				
			☐ Address in Item 4				
Street			☐ Address in Item 5				
City			7. Type of examination				
State ZIP Code			7. Type of organization. ☐ Corporation ☐ Partnership ☐ Individual ☐ Other				
Email Address			· ·				
Contact Name			(specify)				
Title							

Signatures Each of the undersigned, duly authorized officers of the above employer 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 Section VIII on penalties in the instructions.) 18. Signed 19. Signed President (If other title, see instructions.) Treasurer (If other title, see instructions.) Date (mm/dd/yyyy) Telephone Number Date (mm/dd/yyyy) Telephone Number

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make, directly or indirectly, any	payment or loar		nplete Part A if you made or promised or agreed to ing reimbursed expenses) to any labor organization organization.		
8. Name and Title of Recipient/Con	tact	Labor Organization			
☐ Individual recipient ☐ Lab	oor organization re	cipient			
Street		City	State ZIP Code		
Telephone		Email Address			
O - Data of analysis are	0 1- 1	O - Kind of any many (Oif if any many	Od Europia fallo de a françois de la companya de la		
9.a. Date of each payment. (mm/dd/yyyy)	9.b. Amount of each payment.	9.c. Kind of payment. (Specify if payment or loan, and if in cash or property.)	9.d. Explain fully the circumstances of the payment, including the terms of any oral agreement or understanding pursuant to which it was made.		
(1)					
(2)					
(3)					
directly or indirectly, any payme employees, for the purpose of co	ent (including rei causing them to in collectively thr	mbursed expenses) to any of your emplo persuade other employees to exercise or ough representatives of their own choosi	Committees. Complete Part B if you made, byees, or to any group or committee of your r not to exercise, or as to the manner of exercising, ing unless such payments were		
10. Name of Recipient					
Type of Recipient: ☐ Employee If you checked "Employee Group/C	☐ Employee (committee" provide	Group/Committee contact name and title:			
Street		City	State ZIP Code		
Telephone		Email Address			
If the address of the group or organi	ization differs from	that of the individual recipient of the payment or	the contact person for the group or organization, click here:		
11.a. Date of each payment. (mm/dd/yyyy)	11.b. Amount of each payment.	11.c. Kind of payment. (Specify if payment or loan, and if in cash or property.)	11.d. Explain fully the circumstances of the payment, including the terms of any oral agreement or understanding pursuant to which it was made.		
(1)					
(2)					
(3)					

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below and complete Part C if you made organization pursuant to which such per Persuade employees to exercise or through representatives of their own che	e any agreement or arrangement rson or organization undertook not to exercise, or as to the ma oosing.	nt with a labor relations activities where an objection of exercising, the	ions Consultants. Check the box(es) consultant or other independent contractor or ect thereof, directly or indirectly, was to: right to organize and bargain collectively in connection with a labor dispute in which				
12. Name of person with whom (or through)	a separate agreement was made _						
Organization Position in Organization							
Street	City		State ZIP Code				
Telephone	Email Address						
Employer Identification Number (EIN)							
If the address of the consultant or other orga	unization differs from that of the ind	ividual with whom the sepa	arate agreement was made, click here:				
· ·	13.b. Terms and conditions. (Explain in detail; see instructions. Written agreements must be attached by clicking the "Add Attachments" link at the top of the form.)						
14. Information regarding activities performe	d or to be performed by the labor r	elations consultant pursual	nt to agreement or arrangement.				
14.a. Nature of activities performed or to be	performed by the labor relations co	onsultant pursuant to agree	ement or arrangement:				
PERSUADER ACTIVITIES: Select from the following reportable activities those which, pragreement with the consultant(s) named in it 12, have been or will be performed: □ Drafting, revising, or providing written mat for presentation, dissemination, or distribute to employees □ Drafting, revising, or providing a speech for presentation to employees □ Drafting, revising, or providing audiovisual multi-media presentations for presentation dissemination, or distribution to employees □ Drafting, revising, or providing website confort employees □ Planning or conducting individual employeemeetings □ Planning or conducting group employeemeetings ADDITIONAL INFORMATION:	representatives to concember tem representatives to concember terials supervisors or employed supervisors or employed representatives or employed representatives or peveloping personnel or peveloping personnel dentifying employees reward, or other targetic representatives or pepeloping personnel or pers	ng the activities of er representatives ing employee policies or practices for disciplinary action, ing for supervisors or ees wise communicating	INFORMATION SUPPLYING ACTIVITIES: Select each activity whereby the labor relations consultant supplies you with information concerning the activities of employees or a labor organization in connection with a labor dispute in which you are involved: Supplying information obtained from: Research or investigation concerning employees or labor organizations Supervisors or employer representatives Employees, employee representatives, or union meetings Surveillance of employees or union representatives (electronically or in person)				
14.b. Period during which performed.		14.c. Extent performed.					
14.d. Name of person(s) who performed acti Type of Person: ☐ Employee of Consulta Organization	nt	☐ Separate Organization					
Street	Citv		State ZIP Code				
Telephone	Email Address	Employer	Identification Number (EIN)				
If the address of the organization differs from activities, click here:	n the business address of the perso	on who performed the activ	vities, or if more than one person performed the				

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PART C – Persua	der Agreemen	ts/Arrangements	with Labor	Relatio	ns Consultants. Continued			
14.e. Identify subject groups of employees.			14.f. Identify sub	oject labor o	rganizations.			
[Continuation button]								
15.a. Date of each payment. (mm/dd/yyyy)	15.b. Amount of each payment.		5.c. Kind of payment. (Specify if payment loan, and if in cash or property.)		15.d. Explain fully the circumstances of the payment(s), including the terms of any oral agreement or understanding pursuant to which it was made.			
(1)								
(2)								
(3)								
Information Conc Check the box(es) below ☐ Any expenditure when organize and bargain col	erning Employ and complete Part re an object thereof, lectively through represent an object thereof,	yees or a Labor C D if you made: directly or indirectly, was presentatives of their own directly or indirectly, was	Organization s to interfere with a choosing; or s to obtain inform	1. n, restrain,	Employees; Obtain or coerce employees in the right to cerning the activities of employees or of a			
16. Name of Recipient								
Type of Recipient:		dent Contractor Busine			· · · · · · · · · · · · · · · · · · ·			
					tate ZIP Code			
		- "						
Telephone	ant or other organization	Email Address	dividual with whom	the senara	te agreement was made, click here:			
		T			17.d. Explain fully the circumstances of the			
17.a. Date of each expenditure. (mm/dd/yyyy)	17.b. Amount of eacl expenditure.	or loan, and if in o	enditure (Specify if cash or property.)	раутет	expenditure(s), including the terms of any oral agreement or understanding pursuant to which they were made.			
(1)								
(2)								
(3)								

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