

Electronic Forms System

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

Save Import Add Attachments Validate Submit Print The Entire Report Help Print This Page

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT	Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019
	MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP	

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 CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only E	1. FILE NUMBER 545-511	2. PERIOD COVERED MO DAY YEAR From 01/01/2017 Through 12/31/2017	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
----------------------------	---------------------------	---	--

4. AFFILIATION OR ORGANIZATION NAME AIR TRAFFIC CONTROLLERS AFL-CIO		8. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NUMBER 0	7. UNIT NAME (if any) SPG
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes <input type="radio"/> No <input type="radio"/>		First Name JAMES L	Last Name BAILEY
		P.O Box - Building and Room Number	
		Number and Street 550 5TH AVE SE	
		City ST. PETERSBURG	
		State FL	ZIP Code + 4 33701

Each of the undersigned, duly authorized officers of 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 information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned individual's knowledge and belief, true, correct, and complete (See Section VI on penalties in the instructions.)

70. SIGNED: _____ PRESIDENT (If other title, see instructions)	71. SIGNED: _____ TREASURER (If other title, see instructions)
Date: _____ Telephone Number: _____	Date: _____ Telephone Number: _____

Add Additional Signatures

AI - Additional Information has been provided. Click "AI" to view or edit the text.
***AI** - Additional Information must be provided for this item. Click the "AI" to enter.

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page



COMPLETE ITEMS 10 THROUGH 21

FILE NUMBER:545-511

10. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? Yes No

11(a). During the reporting period did the labor organization have a political action committee (PAC) fund? Yes No

11(b). During the reporting period did the labor organization have a subsidiary organization as defined in Section X of these Instructions? Yes No

12. During the reporting period did the labor organization have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes No

13. During the reporting period did the labor organization discover any loss or shortage of funds or other assets? (Answer "Yes" even if there has been repayment or recovery.) Yes No

14. What is the maximum amount recoverable under the labor organization's fidelity bond for a loss caused by any officer, employee or agent of the labor organization who handled union funds?

15. During the reporting period did the labor organization acquire or dispose of any assets in any manner other than by purchase or sale? Yes No

16. Were any of the labor organization's assets pledged as security or encumbered in any other way at the end of the reporting period? Yes No

17. Did the labor organization have any contingent liabilities at the end of the reporting period? Yes No

18. During the reporting period did the labor organization have any changes in its constitution and bylaws, other than rates of dues and fees, or in practices/procedures listed in the instructions? Yes No

19. What is the date of the labor organization's next regular election of officers?

20. How many members did the labor organization have at the end of the reporting period?(Total from the Members Line of Schedule 13)

21. What are the labor organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees				
Dues/Fees	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees		per		
(b) Working Dues/Fees		per		
(c) Initiation Fees		per		
(d) Transfer Fees		per		
(e) Work Permits		per		

If the answer to any of the above questions is "Yes", provide details in Item 69 (Additional Information) as explained in the instructions for each item.

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- PAGE 1
- PAGE 2
- STMT A**
- STMT B
- SCH 1
- SCH 2
- SCH 3
- SCH 4
- SCH 5
- SCH 6
- SCH 7
- SCH 8
- SCH 9
- SCH 10
- SCH 11
- SCH 12
- SCH 13
- SUMMARY
- SCH 14
- SCH 15
- SCH 16
- SCH 17
- SCH 18
- SCH 19
- SCH 20
- ADDNL INFO
- VALIDATION SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page



STATEMENT A - ASSETS AND LIABILITIES

FILE NUMBER:545-511

Complete Schedules 1 through 20 Before Completing Statement A

Cash Reconciliation : \$0

ASSETS

ASSETS	Schedule Number	Start of Reporting Period (A)	End of Reporting Period (B)
22. Cash			
23. Accounts Receivable	1		\$0
24. Loans Receivable	2		\$0
25. U.S. Treasury Securities			
26. Investments	5		\$0
27. Fixed Assets	6		\$0
28. Other Assets	7		\$0
29. TOTAL ASSETS		\$0	\$0

LIABILITIES

LIABILITIES	Schedule Number	Start of Reporting Period (C)	End of Reporting Period (D)
30. Accounts Payable	8		\$0
31. Loans Payable	9		\$0
32. Mortgages Payable			
33. Other Liabilities	10		\$0
34. TOTAL LIABILITIES		\$0	\$0

35. NET ASSETS(Item 29 Less Item 34)	\$0	\$0
--------------------------------------	-----	-----

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LM-2 Statement B

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page



STATEMENT B - RECEIPTS AND DISBURSEMENTS

FILE NUMBER:545-511

Complete Schedules 1 Through 20 Before Completing Statement B

Item	CASH RECEIPTS	SCH#	AMOUNT
36.	Dues and Agency Fees		
37.	Per Capita Tax		
38.	Fees, Fines, Assessments, Work Permits		
39.	Sale of Supplies		
40.	Interest		
41.	Dividends		
42.	Rents		
43.	Sale of Investments and Fixed Assets	3	\$0
44.	Loans Obtained	9	\$0
45.	Repayments of Loans Made	2	\$0
46.	On Behalf of Affiliates for Transmittal to Them		
47.	From Members for Disbursement on Their Behalf		
48.	Other Receipts	14	\$0
49.	TOTAL RECEIPTS		\$0

Item	CASH DISBURSEMENTS	SCH#	AMOUNT
50.	Representational Activities	15	\$0
51.	Political Activities and Lobbying	16	\$0
52.	Contributions, Gifts, and Grants	17	\$0
53.	General Overhead	18	\$0
54.	Union Administration	19	\$0
55.	Benefits	20	\$0
56.	Per Capita Tax		
57.	Strike Benefits		
58.	Fees, Fines, Assessments, etc.		
59.	Supplies for Resale		
60.	Purchase of Investments and Fixed Assets	4	\$0
61.	Loans Made	2	\$0
62.	Repayment of Loans Obtained	9	\$0
63.	To Affiliates of Funds Collected on Their Behalf		
64.	On Behalf of Individual Members		
65.	Direct Taxes		
66.	Subtotal		\$0
67.	Withholding Taxes and Payroll Deductions		
67a.	Total Withheld		
67b.	Less Total Disbursed		
67c.	Total Withheld But Not Disbursed		\$0
68.	TOTAL DISBURSEMENTS(Line 66-Line 67c)		\$0

Electronic Forms System

Save & Calculate Import Add Attachments Validate Help Print This Page



SCHEDULE 1 - ACCOUNTS RECEIVABLE AGING SCHEDULE

Add Accounts Receivable

FILE NUMBER:545-511

Entity or Individual Name (A)	Total Account Receivable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Receivable (E)
1				
2				
3				
4				
5				
6				
7				
Total of all itemized accounts receivable				
Total from all other accounts receivable				
Totals (Total of Column(B) will be automatically entered in Item 23, Column (B))				

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Form LM-2 (Revised 2010)

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page



SCHEDULE 2 - LOANS RECEIVABLE

Add Loans Receivable

FILE NUMBER:545-511

	List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
				Cash (D)(1)	Other Than Cash (D)(2)	
<input checked="" type="checkbox"/> Name:						
1 Purpose:						
Security:						
Terms of Repayment:						
<input checked="" type="checkbox"/> Name:						
2 Purpose:						
Security:						
Terms of Repayment:						
<input checked="" type="checkbox"/> Name:						
3 Purpose:						
Security:						
Terms of Repayment:						
<input checked="" type="checkbox"/> Name:						
4 Purpose:						
Security:						
Terms of Repayment:						
<input checked="" type="checkbox"/> Name:						
Total of loans not listed above						
Total of all lines above						
Totals will be automatically entered in		Item 24 Column (A)	Item 61	Item 45	Item 69 with Explanation	Item 24 Column (B)

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PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

Save & Calculate		Import	Add Attachments	Validate	Help	Print This Page		
SCHEDULE 4 - PURCHASE OF INVESTMENTS AND FIXED ASSETS						Add Investments And Fixed Assets Purchases	FILE NUMBER:545-511	
Description (if land or buildings, give location) (A)		Cost (B)	Book Value (C)	Cash Paid (D)				
<input checked="" type="checkbox"/>	1							
<input checked="" type="checkbox"/>	2							
<input checked="" type="checkbox"/>	3							
<input checked="" type="checkbox"/>	4							
<input checked="" type="checkbox"/>	5							
<input checked="" type="checkbox"/>	6							
<input checked="" type="checkbox"/>	7							
Total of all lines above								
			Less Reinvestments					
(The total from Net Purchases Line will be automatically entered in Item 60.)			Net Purchases					

Form LM-2 (Revised 2010)

- [PAGE 1](#)
- [PAGE 2](#)
- [STMT A](#)
- [STMT B](#)
- [SCH 1](#)
- [SCH 2](#)
- [SCH 3](#)
- [SCH 4](#)
- [SCH 5](#)
- [SCH 6](#)
- [SCH 7](#)
- [SCH 8](#)
- [SCH 9](#)
- [SCH 10](#)
- [SCH 11](#)
- [SCH 12](#)
- [SCH 13](#)
- [SUMMARY](#)
- [SCH 14](#)
- [SCH 15](#)
- [SCH 16](#)
- [SCH 17](#)
- [SCH 18](#)
- [SCH 19](#)
- [SCH 20](#)
- [ADDNL INFO](#)
- [VALIDATION SUMMARY](#)

SCHEDULE 5 - INVESTMENTS FILE NUMBER:545-511

Description (A)	Amount (B)
Marketable Securities <input type="button" value="Add More Marketable Securities"/>	

A. Total Cost

B. Total Book Value

C. List each marketable security which has a book value over \$5,000 and exceeds 5% of Line B.

1		
2		
3		
4		
5		
6		
7		

Other Investments <input type="button" value="Add More Other Investments"/>	
---	--

D. Total Cost


E. Total Book Value

F. List each other investment which has a book value over \$5,000 and exceeds 5% of Line E. Also, list each subsidiary for which separate reports are attached.

1		
2		
3		
4		
5		
6		
7		

G. Total of Lines B and E (Total will be automatically entered in Item 26, Column (B))

- [PAGE 1](#)
- [PAGE 2](#)
- [STMT A](#)
- [STMT B](#)
- [SCH 1](#)
- [SCH 2](#)
- [SCH 3](#)
- [SCH 4](#)
- [SCH 5](#)
- [SCH 6](#)
- [SCH 7](#)
- [SCH 8](#)
- [SCH 9](#)
- [SCH 10](#)
- [SCH 11](#)
- [SCH 12](#)
- [SCH 13](#)
- [SUMMARY](#)
- [SCH 14](#)
- [SCH 15](#)
- [SCH 16](#)
- [SCH 17](#)
- [SCH 18](#)
- [SCH 19](#)
- [SCH 20](#)
- [ADDNL INFO](#)
- [VALIDATION SUMMARY](#)

Save & Calculate Import Add Attachments Validate Help Print This Page 

SCHEDULE 6 - FIXED ASSETS FILE NUMBER:545-511

	Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Value (E)
	A. Land (give location)	Add Land			
1					
2					
3					
4					
5					
6					
7					
8					
9					
	B. Buildings (give location)	Add Buildings			
1					
2					
3					
4					
5					
6					
	C. Automobiles and Other Vehicles				
	D. Office Furniture and Equipment				
	E. Other Fixed Assets				
	F. Totals of Lines A through E (Column (D) Total will be automatically entered in Item 27, Column (B))				

LM-2 Schedule 7

Electronic Forms System

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page

SCHEDULE 7 - OTHER ASSETS Add Other Assets FILE NUMBER: 545-511

	Description (A)	Book Value (B)
1		
2		
3		
4		
5		
6		
7		
Total (Total will be automatically entered in Item 28, Column(B))		

Form LM-2 (Revised 2010)

Electronic Forms System

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page



SCHEDULE 8 - ACCOUNTS PAYABLE AGING SCHEDULE

Add Accounts Payable

FILE NUMBER:545-511

Entity or Individual Name (A)	Total Account Payable (B)	90-180 Days Past Due (C)	180+ Days Past Due (D)	Liquidated Account Payable (E)
<input checked="" type="checkbox"/> 1				
<input checked="" type="checkbox"/> 2				
<input checked="" type="checkbox"/> 3				
<input checked="" type="checkbox"/> 4				
<input checked="" type="checkbox"/> 5				
<input checked="" type="checkbox"/> 6				
<input checked="" type="checkbox"/> 7				
Total of all itemized accounts payable				
Total from all other accounts payable				
Totals (Total for Column (B) will be automatically entered in Item 30, Column (D))				

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Form LM-2 (Revised 2010)

Electronic Forms System

- [PAGE 1](#)
- [PAGE 2](#)
- [STMT A](#)
- [STMT B](#)
- [SCH 1](#)
- [SCH 2](#)
- [SCH 3](#)
- [SCH 4](#)
- [SCH 5](#)
- [SCH 6](#)
- [SCH 7](#)
- [SCH 8](#)
- [SCH 9](#)
- [SCH 10](#)
- [SCH 11](#)
- [SCH 12](#)
- [SCH 13](#)
- [SUMMARY](#)
- [SCH 14](#)
- [SCH 15](#)
- [SCH 16](#)
- [SCH 17](#)
- [SCH 18](#)
- [SCH 19](#)
- [SCH 20](#)
- [ADDNL INFO](#)
- [VALIDATION SUMMARY](#)

Save & Calculate Import Add Attachments Validate Help Print This Page

SCHEDULE 9 - LOANS PAYABLE [Add Loans Payable](#) **FILE NUMBER:545-511**

	Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
				Cash (D)(1)	Other Than Cash (D)(2)	
<input checked="" type="checkbox"/> 1						
<input checked="" type="checkbox"/> 2						
<input checked="" type="checkbox"/> 3						
<input checked="" type="checkbox"/> 4						
<input checked="" type="checkbox"/> 5						
<input checked="" type="checkbox"/> 6						
<input checked="" type="checkbox"/> 7						
Total Loans Payable						
Totals will be automatically entered in		Item 31 Column (C)	Item 44	Item 62	Item 69 with Explanation	Item 31 Column (D)

- Additional Information has been provided. Click "AI" to view or edit the text.
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Form LM-2 (Revised 2010)

LM-2 Schedule 10

Electronic Forms System

PAGE 1

PAGE 2

STHT A

STHT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

Save & Calculate

Import

Add Attachments

Validate

Help

Print This Page



SCHEDULE 10 - OTHER LIABILITIES

Add Other Liabilities

FILE NUMBER:545-511

	Description (A)	Amount at End Of Period (B)
1		
2		
3		
4		
5		
6		
7		
8		
Total Other Liabilities (Total will be automatically entered in Item 33, Column (D))		

Form LM-2 (Revised 2010)

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page

SCHEDULE 11 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS Add Disbursements To Officers **FILE NUMBER:545-511**

(A) Name	(B) Title	(C) Status	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL	
<input checked="" type="checkbox"/> Last Name	First Name	Middle Initial					\$0	
1A								
B								
C								
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%
Schedule 19 Administration	%							
<input checked="" type="checkbox"/> Last Name	First Name	Middle Initial					\$0	
2A								
B								
C								
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%
Schedule 19 Administration	%							
<input checked="" type="checkbox"/> Last Name	First Name	Middle Initial					\$0	
3A								
B								
C								
I	Schedule 15 Representational Activities	%	Schedule 16 Political Activities and Lobbying	%	Schedule 17 Contributions	%	Schedule 18 General Overhead	%
Schedule 19 Administration	%							
<input checked="" type="checkbox"/> Last Name	First Name	Middle Initial					\$0	
4A								
B								
Total Officer Disbursements								
Less Deductions								
Net Disbursements								

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PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION

SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page



SCHEDULE 12 - DISBURSEMENTS TO EMPLOYEES Add Disbursements To Employees FILE NUMBER:545-511

(A) Name	(B) Title	(C) Other Payee	(D) Gross Salary Disbursements (before any deductions)	(E) Allowances Disbursed	(F) Disbursements for Official Business	(G) Other Disbursements not reported in (D) through (F)	(H) TOTAL			
<input checked="" type="checkbox"/> Last Name	First Name	Middle Initial					\$0			
1A										
B										
C										
I	Schedule 15 Representational Activities	<input type="checkbox"/> %	Schedule 16 Political Activities and Lobbying	<input type="checkbox"/> %	Schedule 17 Contributions	<input type="checkbox"/> %	Schedule 18 General Overhead	<input type="checkbox"/> %	Schedule 19 Administration	<input type="checkbox"/> %
<input checked="" type="checkbox"/> Last Name	First Name	Middle Initial					\$0			
2A										
B										
C										
I	Schedule 15 Representational Activities	<input type="checkbox"/> %	Schedule 16 Political Activities and Lobbying	<input type="checkbox"/> %	Schedule 17 Contributions	<input type="checkbox"/> %	Schedule 18 General Overhead	<input type="checkbox"/> %	Schedule 19 Administration	<input type="checkbox"/> %
<input checked="" type="checkbox"/> Last Name	First Name	Middle Initial					\$0			
3A										
B										
C										
I	Schedule 15 Representational Activities	<input type="checkbox"/> %	Schedule 16 Political Activities and Lobbying	<input type="checkbox"/> %	Schedule 17 Contributions	<input type="checkbox"/> %	Schedule 18 General Overhead	<input type="checkbox"/> %	Schedule 19 Administration	<input type="checkbox"/> %
TOTAL RECEIVED BY ALL OTHER EMPLOYEES MAKING \$10,000 OR LESS										
I	Schedule 15 Representational Activities	<input type="checkbox"/> %	Schedule 16 Political Activities and Lobbying	<input type="checkbox"/> %	Schedule 17 Contributions	<input type="checkbox"/> %	Schedule 18 General Overhead	<input type="checkbox"/> %	Schedule 19 Administration	<input type="checkbox"/> %
Total Employee Disbursements										
Less Deductions										
Net Disbursements										

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Electronic Forms System

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page

SCHEDULE 13 - MEMBERSHIP STATUS

Add Membership Statuses

FILE NUMBER:545-511

Category of Membership (A)	Number (B)	Voting Eligibility (C)
1		Yes <input type="checkbox"/>
2		Yes <input type="checkbox"/>
3		Yes <input type="checkbox"/>
4		Yes <input type="checkbox"/>
5		Yes <input type="checkbox"/>
6		Yes <input type="checkbox"/>
7		Yes <input type="checkbox"/>
Members (Total of all lines above)		
Agency Fee Payers*		
Total Members/Fee Payers		
*Agency Fee Payers are not considered members of the labor organization.		

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Form LM-2 (Revised 2010)

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

Save & Calculate Import Add Attachments Help Print This Page



DETAILED SUMMARY PAGE - SCHEDULES 14 THROUGH 19

FILE NUMBER:545-511

Complete Itemization Pages BEFORE the Detailed Summary Page

SCHEDULE 14 OTHER RECEIPTS	
1. Named Payer Itemized Receipts	\$0
2. Named Payer Non-itemized Receipts	\$0
3. All Other Receipts	
4. Total Receipts	\$0

Item
48

SCHEDULE 17 CONTRIBUTIONS, GIFTS & GRANTS	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item
52

SCHEDULE 15 REPRESENTATIONAL ACTIVITIES	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item
50

SCHEDULE 18 GENERAL OVERHEAD	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item
53

SCHEDULE 16 POLITICAL ACTIVITIES AND LOBBYING	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item
51

SCHEDULE 19 UNION ADMINISTRATION	
1. Named Payee Itemized Disbursements	\$0
2. Named Payee Non-itemized Disbursements	\$0
3. To Officers	\$0
4. To Employees	\$0
5. All Other Disbursements	
6. Total Disbursements	\$0

Item
54

DOL Home > OLMS > EFS > Home Page Log out

Electronic Forms System

PAGE 1 | **PAGE 2** | **STMT A** | **STMT B** | **SCH 1** | **SCH 2** | **SCH 3** | **SCH 4** | **SCH 5** | **SCH 6** | **SCH 7** | **SCH 8** | **SCH 9** | **SCH 10** | **SCH 11** | **SCH 12** | **SCH 13** | **SUMMARY** | **SCH 14** | **SCH 15** | **SCH 16** | **SCH 17** | **SCH 18** | **SCH 19** | **SCH 20** | **ADDNL INFO** | **VALIDATION SUMMARY**

Save & Calculate | Import | Add Attachments | Validate | Help | Print This Page ▶▶▶

SCHEDULE 14 - OTHER RECEIPTS Add Other Receipts FILE NUMBER:545-511

Show Payer: Delete Payer

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name				
P.O.Box				
Street				
City				
State	<input type="text"/>			
Zip Code				
<input type="button" value="More Receipts For This Payer"/>				
(B) Type or Classification				
Total Itemized Transactions with this Payee/Payer				
Total Non-Itemized Transactions with this Payee/Payer				
Total of All Transactions with this Payee/Payer for this Schedule				

Form LM-2 (Revised 2010)

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page



SCHEDULE 15 - REPRESENTATIONAL ACTIVITIES

Add Representational Activities

FILE NUMBER:545-511

Show Payee:

Delete Payee

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name				
P.O.Box				
Street				
City				
State	<input type="text"/>			
Zip Code				
More Disbursements For This Payee				
(B) Type or Classification		Total Itemized Transactions with this Payee/Payer		
		Total Non-Itemized Transactions with this Payee/Payer		
		Total of All Transactions with this Payee/Payer for this Schedule		

Form LM-2 (Revised 2010)

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page



SCHEDULE 16 - POLITICAL ACTIVITIES AND LOBBYING

Add Political Activities

FILE NUMBER:545-511

Show Payee:

Delete Payee

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	
Name	<input type="text"/>
P.O.Box	<input type="text"/>
Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="v"/>
Zip Code	<input type="text"/>
<input type="button" value="More Disbursements For This Payee"/>	
(B) Type or Classification	

	Purpose (C)	Date (D)	Amount (E)
<input checked="" type="checkbox"/> 1			
<input checked="" type="checkbox"/> 2			
<input checked="" type="checkbox"/> 3			
<input checked="" type="checkbox"/> 4			
<input checked="" type="checkbox"/> 5			
<input checked="" type="checkbox"/> 6			
<input checked="" type="checkbox"/> 7			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for this Schedule			

Form LM-2 (Revised 2010)

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page



SCHEDULE 17 - CONTRIBUTIONS, GIFTS & GRANTS

Add Gifts

FILE NUMBER:545-511

Show Payee:

Delete Payee

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)	
Name	
P.O.Box	
Street	
City	
State	<input type="text"/>
Zip Code	
<input type="button" value="More Disbursements For This Payee"/>	
(B) Type or Classification	

	Purpose (C)	Date (D)	Amount (E)
<input checked="" type="checkbox"/>			
1			
<input checked="" type="checkbox"/>			
2			
<input checked="" type="checkbox"/>			
3			
<input checked="" type="checkbox"/>			
4			
<input checked="" type="checkbox"/>			
5			
<input checked="" type="checkbox"/>			
6			
<input checked="" type="checkbox"/>			
7			
Total Itemized Transactions with this Payee/Payer			
Total Non-Itemized Transactions with this Payee/Payer			
Total of All Transactions with this Payee/Payer for this Schedule			

Form LM-2 (Revised 2010)

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page



SCHEDULE 18 - GENERAL OVERHEAD

Add Overheads

FILE NUMBER:545-511

Show Payee:

Delete Payee

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name				
P.O.Box				
Street				
City				
State	<input type="text"/>			
Zip Code				
<input type="button" value="More Disbursements For This Payee"/>				
(B) Type or Classification		Total Itemized Transactions with this Payee/Payer		
		Total Non-Itemized Transactions with this Payee/Payer		
		Total of All Transactions with this Payee/Payer for this Schedule		

Form LM-2 (Revised 2010)

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION

SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page



SCHEDULE 19 - UNION ADMINISTRATION

Add Administration

FILE NUMBER:545-511

Show Payee:

Delete Payee

Complete Itemization Pages BEFORE the Detailed Summary Page

Name and Address (A)		Purpose (C)	Date (D)	Amount (E)
Name				
P.O.Box				
Street				
City				
State	<input type="text"/>			
Zip Code				
More Disbursements For This Payee				
(B) Type or Classification		Total Itemized Transactions with this Payee/Payer		
		Total Non-Itemized Transactions with this Payee/Payer		
		Total of All Transactions with this Payee/Payer for this Schedule		

Form LM-2 (Revised 2010)

PAGE 1

PAGE 2

STMT A

STMT B

SCH 1

SCH 2

SCH 3

SCH 4

SCH 5

SCH 6

SCH 7

SCH 8

SCH 9

SCH 10

SCH 11

SCH 12

SCH 13

SUMMARY

SCH 14

SCH 15

SCH 16

SCH 17

SCH 18

SCH 19

SCH 20

ADDNL INFO

VALIDATION
SUMMARY

Save & Calculate Import Add Attachments Validate Help Print This Page



SCHEDULE 20 - BENEFITS

Add Benefits

FILE NUMBER:545-511

Description (A)	To Whom Paid (B)	Amount (C)
1		
2		
3		
4		
5		
6		
7		
8		
Total of all lines above (Total will be automatically entered in Item 55.)		

Form LM-2 (Revised 2010)

