

PAGE 1

PAGE 2

ITEM 24

STMT A & B

ADDNL INFO

VALIDATION SUMMARY

Save Import Add Attachments Validate Submit Help Print

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	<b>FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT</b>	Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019
	FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS	

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 545511	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"/>
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4. AFFILIATION OR ORGANIZATION NAME AIR TRAFFIC CONTROLLERS AFL-CIO		8. MAILING ADDRESS (Type in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NUMBER 0	9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="radio"/> No <input type="radio"/>
7. UNIT NAME (if any) SPG		First Name JAMES L	
		Last Name BAILEY	
		P.O. Box - Building and Room Number (if any)	
		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 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 VI on penalties in the instructions.)

57. SIGNED: _____ PRESIDENT	58. SIGNED: _____ TREASURER
(If other title, see instructions)	(If other title, see instructions)
Date: _____ Telephone Number: _____	Date: _____ Telephone Number: _____

**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.



**During the Reporting Period Did Your Organization:**

- 10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes  No
- 11. 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
- 12. Have a political action committee (PAC) fund? Yes  No
- 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes  No
- 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes  No
- 15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.) Yes  No
- 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? Yes  No
- 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? Yes  No
- 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? Yes  No

19. How many members did your organization have at the end of the reporting period?

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? (If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) Yes  No

22. What is the date of your organization's next regular election of officers?

23. What are your 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) Initiation Fees		per			
(c) Transfer Fees		per			
(d) Work Permits		per			

If the answer to any of the above questions is "Yes," provide details in Item 56 (Additional Information) as explained in the instructions for each item.

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PAGE 1

PAGE 2

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**24.ALL OFFICERS AND DISBURSEMENTS TO OFFICERS**

Add More Rows

FILE NUMBER:545511

(A)Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)			(D) Gross Salary before taxes and other deductions	(E) Allowances and Other Disbursements	(F) TOTAL
(B)Title (Enter title of officer, such as PRESIDENT or TREASURER.)		(C)Status			
Last Name	First Name	Middle Initial			
<input checked="" type="checkbox"/>	1. Title	Status			\$0
<input checked="" type="checkbox"/>	2. Title	Status			\$0
<input checked="" type="checkbox"/>	3. Title	Status			\$0
<input checked="" type="checkbox"/>	4. Title	Status			\$0
<input checked="" type="checkbox"/>	5. Title	Status			\$0
Total					
				Less Deductions	
The Total from Net Disbursements will be entered in Item 45				Net Disbursements	
(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 Additional Information.)					

LM-3 Statement A and B

Electronic Forms System

- PAGE 1**
- PAGE 2**
- ITEM 24**
- STMT A & B**
- ADDNL INFO**
- VALIDATION SUMMARY**

Save & Calculate   Import   Add Attachments   Validate   Help   Print 

**FILE NUMBER:545511**

Cash Reconciliation : \$0

**STATEMENT A - ASSETS AND LIABILITIES**

ASSETS		Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES		Start of Reporting Period (C)	End of Reporting Period (D)
Item				Item			
25. Cash				32. Accounts Payable			
26. Loans Receivable				33. Loans Payable			
27. U.S. Treasury Securities				34. Mortgages Payable			
28. Investments				35. Other Liabilities			
29. Fixed Assets				36. TOTAL LIABILITIES		\$0	\$0
30. Other Assets							
31. TOTAL ASSETS		\$0	\$0	37. NET ASSETS (Item 31 Less Item 36)		\$0	\$0

**STATEMENT B - RECEIPTS AND DISBURSEMENTS**

CASH RECEIPTS		AMOUNT	CASH DISBURSEMENTS		AMOUNT
Item			Item		
38. Dues			45. To Officers (from Item 24)		\$0
39. Per Capita Tax			46. To Employees (less deductions)		
40. Fees, Fines, Assessments & Work Permits			47. Per Capita Tax		
41. Interest & Dividends			48. Office & Administrative Expense		
42. Sale of Investments & Fixed Assets			49. Professional Fees		
43. Other Receipts			50. Benefits		
44. TOTAL RECEIPTS		\$0	51. Contributions, Gifts & Grants		
If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.			52. Purchase of Investments & Fixed Assets		
			53. Loans Made		
			54. Other Disbursements		
			55. TOTAL DISBURSEMENTS		\$0



