

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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.

For Official Use Only  
  
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PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

5. Labor Organization Identifying Information

1. LM-30 File Number: **U-** \_\_\_\_\_
2. Fiscal Year Covered: from \_\_\_\_\_ through \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)
3. Amended Report – If this is an amended report, check here:
4. Your Contact Information

|                                    |                                   |
|------------------------------------|-----------------------------------|
| Name                               |                                   |
| Street address                     |                                   |
| City                               | State                             |
| ZIP                                |                                   |
| File number                        |                                   |
| Officer <input type="checkbox"/>   | Employee <input type="checkbox"/> |
| Your officer position or job title |                                   |

|                            |       |
|----------------------------|-------|
| Name (first, middle, last) |       |
| Street address             |       |
| City                       | State |
| ZIP                        |       |
| Email address (optional)   |       |

► 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.

|   |   |
|---|---|
| <b>PART A – REPRESENTED EMPLOYER.</b> An employer whose employees your labor organization represents or is actively seeking to represent.           |   |
| 6. Name of represented employer _____<br><br>Contact name _____ Telephone _____<br><br>Street address _____<br><br>City _____ State _____ ZIP _____ | 7.a. Nature of interest, transaction, benefit, arrangement, income, or loan<br><br><br><br>7.b. Amount or value of interest, transaction, benefit, arrangement, income, or loan |

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 _____   | On _____<br><span style="margin-left: 40px;">Date (mm/dd/yyyy)</span> | Telephone Number _____ |

|  |   |
|--|---|
| <p><b>PART B – BUSINESS.</b> 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.</p> |   |
| <p>8. Name of business _____</p> <p>Contact name _____ Telephone _____</p> <p>Street address _____</p> <p>City _____ State _____ ZIP _____</p>   | <p>11.a. Nature of dealings</p>   |
| <p>9. Business deals with <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer</p>  | <p>11.b. Value of dealings</p>  |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name _____</p> <p>_____</p> <p>Contact name _____ Telephone _____</p> <p>Street address _____</p> <p>City _____ State _____ ZIP _____</p>   | <p>12.a. Nature of interest, benefit, arrangement, or income</p>          |
|  | <p>12.b. Amount or value of interest, benefit, arrangement, or income</p> |

|   |   |
|---|---|
| <p><b>PART C – OTHER EMPLOYER OR LABOR RELATIONS CONSULTANT.</b> 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.</p> |   |
| <p>13.a. Contact information for employer or labor relations consultant</p> <p>Name of employer or labor relations consultant _____</p> <p>Contact name _____ Telephone _____</p> <p>Mailing address _____</p> <p>City _____ State _____ ZIP _____</p>  | <p>14.a. Nature of payment</p>          |
| <p>13.b. Type of entity: Is the entity <input type="checkbox"/> an employer or <input type="checkbox"/> a consultant?</p>   | <p>14.b. Amount or value of payment</p> |