



Welcome to the Office of Labor-Management Standards
EFS Form LM-20, LM-21 and LM-30

EFS Sign in

User ID:

User Password:

Sign In



Welcome to the Office of Labor-Management Standards
Electronic Forms System (EFS)

[A brief tutorial of the system](#)

Registration:

[Register for an EFS User ID and Password](#)

[Obtain a Union PIN](#) ([What is a PIN?](#))

[Edit your account information](#)

[Sign in to EFS for LM-20, LM-21 and LM-30](#)

Select the link
to access the LM-20

Sign in to EFS for LM-2, LM-3 and LM-4

User ID

User Password

File Number -

Union PIN

Sign In

[Forgot your password?](#) [Forgot your User ID?](#)



SELECT REPORT TYPE

Report Type:
LM-20/21
LM-30



START A NEW FORM

Report Type:

File number	Organization Name	Person Filing	Street name	City	State	Zip code
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No Filer found



Start New Form | Forms In Progress | Submitted Forms

START A NEW FORM

Report Type: LM-20/21

File number	Organization Name	Person Filing	Street name	City	State	Zip code
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No Filer found



Start New Form | Forms In Progress | Submitted Forms

START A NEW FORM

Report Type: LM-20/21

Organization

Street Address
 P.O.Box - Building and Room Number
 City
 State
 Zip+4

Previous | Register the organization



Start New Form | Forms In Progress | Submitted Forms | Access Key

START A NEW FORM

Report Type: LM-20/21

File Number: C - 12345

Access Key: 123456

Start New LM-20



Start New Form | Forms In Progress | Submitted Forms | Access Key

FORMS IN PROGRESS

File number	Organization Name	Person Filing	Street name	City	State	Zip code
<input type="checkbox"/> C-68431						
<input type="checkbox"/> C-68434						



Start New Form | Forms In Progress | Submitted Forms | Access Key

SUBMITTED FORMS

File Number	Organization Name	Form Type	Employer	Fiscal Year	Date Submitted	Amendment Number
C -68431				2018	12/10/2018	0



File number	Organization name	Access key	
C-68431		948727	Generate New Access Key
C-68434		254768	Generate New Access Key

Navigate forward and backward through the form by using the navigation arrows, or jump directly to a section by clicking on the page title on the left navigation pane.



File number	Organization name	Access key	
C-68431		948727	Generate New Access Key
C-68434		254768	Generate New Access Key



MAIN

ITEM 6,7&8

ITEM 9&10

ITEM 11&12

VALIDATION SUMMARY

Save	Validate	Add Attachments	Print	Form Instructions	Help	Submit	FILE NUMBER:68431
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210			FORM LM-20 AGREEMENT & ACTIVITIES REPORT			Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019	
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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).							
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.							
1. a. File Number: C- 68431				<input type="checkbox"/> Amended Report			
2. Name and mailing address (include ZIP Code): First Name: Robert Middle Name: Last Name: Smith Title: Organization: P.O. Box, Bldg., Room No., if any: Street: City: State: Zip code:				3. Any other address where records necessary to verify this report are kept: First Name: Middle Name: Last Name: Title: Organization: P.O. Box, Bldg., Room No., if any: Street: City: State: Zip code:			
4. Date fiscal year ends: /				5. Type of person <input type="checkbox"/> a. Individual <input type="checkbox"/> b. Partnership <input type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify):			
Signature and Verification							
Each of 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.(See Section VII on penalties in the instructions.)							
13. SIGNED: PRESIDENT (If other title, see instructions)				14. SIGNED: TREASURER (If other title, see instructions)			
Date:		Telephone Number:		Date:		Telephone Number:	

Navigate forward and backward through the form by using the navigation arrows, or jump directly to a section by clicking on the page title on the left navigation pane.



MAIN

ITEM 6,7&8

ITEM 9&10

ITEM 11&12

VALIDATION SUMMARY

Save	Validate	Add Attachments	Print	Form Instructions	Help	Submit	FILE NUMBER:68431
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210			FORM LM-20 AGREEMENT & ACTIVITIES REPORT			Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019	
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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).							
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.							
1. a. File Number: C- 68431				<input type="checkbox"/> Amended Report			
2. Name and mailing address (include ZIP Code): First Name: Robert Middle Name: Last Name: Smith Title: Organization: P.O. Box, Bldg., Room No., if any: Street: City: State: Zip code:				3. Any other address where records necessary to verify this report are kept: First Name: Middle Name: Last Name: Title: Organization: P.O. Box, Bldg., Room No., if any: Street: City: State: Zip code:			
4. Date fiscal year ends: /				5. Type of person <input type="checkbox"/> a. Individual <input type="checkbox"/> b. Partnership <input type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify):			
Signature and Verification							
Each of 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.(See Section VII on penalties in the instructions.)							
13. SIGNED: PRESIDENT (If other title, see instructions)				14. SIGNED: TREASURER (If other title, see instructions)			
Date:		Telephone Number:		Date:		Telephone Number:	



- MAIN
- ITEM 6,7&8
- ITEM 9&10
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- VALIDATION SUMMARY

Save Validate Add Attachments Print Form Instructions Help Submit FILE NUMBER: 68431 < >

FORM LM-20 AGREEMENT & ACTIVITIES REPORT

Form Approved
Office of Management and Budget
No. 1245-0003
Expires: 07-31-2019

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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. a. File Number: C- 68431 Amended Report

2. Name and mailing address (include ZIP Code):
 First Name: Robert Middle Name: Last Name: Smith
 Title: Vice President
 Organization: ABC Company
 P.O. Box, Bldg., Room No., if any: Room 301
 Street: 123 Anyway Street City: Silver Spring
 State: MD Zip code: 20902

3. Any other address where records necessary to verify this report are kept:
 First Name: Middle Name: Last Name:
 Title:
 Organization:
 P.O. Box, Bldg., Room No., if any:
 Street: City:
 State: Zip code:

4. Date fiscal year ends: /
 5. Type of person
 a. Individual b. Partnership c. Corporation
 d. Other (Specify):

Signature and Verification

Each of 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. (See Section VII on penalties in the instructions.)

13. SIGNED: PRESIDENT 14. SIGNED: TREASURER
 (If other title, see instructions) (If other title, see instructions)
 Date: Telephone Number: Date: Telephone Number:



- MAIN
- ITEM 6,7&8
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- VALIDATION SUMMARY

Save Validate Add Attachments Print Form Instructions FILE NUMBER: 68434 < >

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code):
 Labor Find, Add or Edit Employer
 First Name: Middle Name: Last Name:
 Organization:
 Trade Name, if any:
 P.O. Box, Bldg., room No., if any: Street:
 City: State: Zip:

7. Date entered into:

Search Represented Employer

Name of represented employer
 Labor
 Street Address City State ZIP
 Search Clear all Cancel

If you do not see the exact employer you are looking for, click 'Employer not found'.

Employer	Street	City	State	Zip
<input type="checkbox"/> Bank of Labor	756 MINNESOTA AVE.	KANSAS CITY	KS	66101
<input type="checkbox"/> BPCM LOCAL 534 LABOR MANAGEMENT FUND	7 FREDERIKA ST	BOSTON	MA	02114
<input type="checkbox"/> CENTRAL LABORERS' PENSION WELFARE & AN	PO BOX 1267	JACKSONVILLE	IL	62651
<input type="checkbox"/> CENTRAL NEW YORK LABORERS' TRAINING FUN	7051 FLY FD	EAST SYRACUSE	NY	13057
<input type="checkbox"/> CENTRAL NEW YORK LABORERS' WELFARE FUN	7051 FLY RD	EAST SYRACUSE	NY	13057
<input type="checkbox"/> CHICAGO AREA LABORS-EMP. COOP. & EDUC. T	999 MCCLINTOCK DRIVE, SUITE 302	BURR RIDGE	IL	60527
<input type="checkbox"/> CONNECTICUT LABORERS' HEALTH FUND	435 CAPTAIN THOMAS BLVD	WEST HAVEN	CT	06516
<input type="checkbox"/> CONTRATORS, LABORERS, TEAMSTERS, & ENG	10334 ELLISON CIRCLE	OMAHA	NE	68134-1123
<input type="checkbox"/> FOX VALLEY LABORERS HEALTH AND WELFARE	2400 BIG TIMBER SUITE 206B	ELGIN	IL	60124
<input type="checkbox"/> FOX VALLEY LABORERS PENSION FUND	2400 BIG TIMBER ROAD SUITE 206B	ELGIN	IL	60124
<input type="checkbox"/> HAWAII LABORERS' APPRENT & TRAINING	1440 KAPIOLANI BLVD, SUITE 800	HONOLULU	HI	96814
<input type="checkbox"/> HI LABORERS & EMPLOYER COOP & EDUCATIO	1440 KAPIOLANI BLVD	HONOLULU	HI	96814
<input type="checkbox"/> IA LABORERS/EMPLOYERS COOP & EDUC TRUS	5806 MEREDITH DR., SUITE C	DES MOINES	IA	50322
<input type="checkbox"/> IBEW LOCAL 701 LABOR MGMT COOP COMMITTI	28600 BELLA VISTA PARKWAY, ROOM 1	WARRENVILLE	IL	60555



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- VALIDATION SUMMARY

Save	Validate	Add Attachments	Print	Form Instructions	FILE NUMBER:68431	<	>
Nature of Agreement or Arrangement							
6. Full name and address of employer with whom made (include ZIP Code):					7. Date entered into:		
<input type="text" value="Search by employer name"/> <input type="button" value="Q"/> Find, Add or Edit Employer					<input type="text"/>		
First Name:		Middle Name:		Last Name:		8. Name of person(s) through whom made:	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input checked="" type="checkbox"/> First Name: Middle Name: Last Name:	
Organization:					1. <input type="text"/>		
<input type="text"/>							
Trade Name, if any:							
<input type="text"/>							
P.O. Box, Bldg., room No., if any: Street:							
<input type="text"/>							
City:		State:		Zip Code + 4:			
<input type="text"/>		<input type="text"/>		<input type="text"/>			
					<input type="button" value="Add Another Person"/>		



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Save	Validate	Add Attachments	Print	Form Instructions	FILE NUMBER:68431	<	>
Nature of Agreement or Arrangement (Continuation)							
9. Check the appropriate box(es) to indicate whether an object of the activities undertaken is directly or indirectly:							
<input type="checkbox"/> a. To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.							
<input type="checkbox"/> b. To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.							
10. 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.)							
<input type="checkbox"/> Written Agreement/Arrangement							
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>							



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- ITEM 6,7&8
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Save Validate Add Attachments Print Form Instructions FILE NUMBER:68434 < >

Specific Activities to be performed Add Additional Activity(Item 11)

11. For each activity, separately list in detail the information required (See instructions):

- 1. a. Nature of activity:

11b. Period during which activities performed: 11c. Extent performed:

11d. Name and Address of person(s) through whom activities were performed:

x 1. First Name: Middle Name: Last Name: Organization:
 P.O. Box, Bldg., Room No., if any Street: City: State: Zip Code + 4

Add Another Person

12a. Identify subject groups of employees:

12b. Identify subject labor organizations:
 Labor Organization Name:



- MAIN
- ITEM 6,7&8
- ITEM 9&10
- ITEM 11&12
- VALIDATION SUMMARY

Save Validate Add Attachments Print Form Instructions FILE NUMBER:68434 < >

Specific Activities to be performed Add Additional Activity(Item 11)

11. For each activity, separately list in detail the information required (See instructions):

11b. Period during which activities performed: 11c. Extent performed:

11d. Name and Address of person(s) through whom activities were performed:

x 1. First Name: Middle Name: Last Name: Organization:
 P.O. Box, Bldg., Room No., if any Street: City: State: Zip Code + 4

Add Another Person

12a. Identify subject groups of employees:

12b. Identify subject labor organizations:
 Labor Organization Name:

x 1. Search by organization name Find and add the Organization

Add Another Labor Organization Delete Activity



MAIN

ITEM 6,7&8

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VALIDATION SUMMARY

CrystalViewer.pdf - Adobe Acrobat Pro DC

Save Validate Add Attachments Print Form Instructions FILE NUMBER:68434

File Edit View Window Help

Home Tools Memorandum for ... Creating Accessible... CrystalViewer.pdf x

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

**FORM LM-20
AGREEMENT & ACTIVITIES REPORT**

Form Approved
Office of Management and Budget
No: 1245-0003
Expires: 09/30/2021

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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended (LMRDA).

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only
E

Amended Report

1. a. File Number: C- 68434

2. Name and mailing address (include ZIP code): Name: Robert Smith Title: Vice President Organization: P.O. Box, Bldg., Room No., if any: Street: City: State: MD ZIP: 20784	3. Any other address where records necessary to verify this report are kept: Name: Title: Organization: P.O. Box, Bldg., Room No., if any: Street: City: State: ZIP:
--	--

4. Date fiscal year ends: / / 5. Type of person
a. Individual b. Partnership c. Corporation d. Other (Specify):

Nature of Agreement or Arrangement

6. Full name and address of employer with whom made (include ZIP Code): Name (first, middle, last): 0000 00000 Organization: HAWAII LABORERS' APPRENT & TRAINING Trade Name, if any: P.O. Box, Bldg., room No., if any: Street: City: State: HI ZIP: 96814	7. Date entered into: 12/08/2018 8. Name of person(s) through whom made: Name: _____ - Additional names at the end of the report
--	---



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VALIDATION SUMMARY

Print Form Instructions FILE NUMBER:68431

VALIDATION SUMMARY PAGE

1. Item 7 : Please enter the date.

2. Activity 1: Item 11b: Please enter the period during which the activities were performed.



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- ITEM 6,7&8
- ITEM 9&10
- ITEM 11&12
- VALIDATION SUMMARY

Save Validate Add Attachments Print Form Instructions FILE NUMBER: 68431 < >

Specific Activities to be performed Add Additional Activity (Item 11)

11. For each activity, separately list in detail the information required (See instructions):

- 1. a. Nature of activity:

11b. Period during which activities performed: December 2018 11c. Extent performed: completed

11d. Name and Address of person(s) through whom activities were performed:

1. First Name: Ann Middle Name: Last Name: Brown Organization: Organization:
 P.O. Box, Bldg., Room No., if any: Message from webpage City: Washington State: DC Zip Code + 4: 20001

Add Another Person

12a. Identify subject groups of employees: All

12b. Identify subject labor organizations:
Labor Organization Name:

Message from webpage

All Page Validations are passed.

OK



- MAIN
- ITEM 6,7&8
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- VALIDATION SUMMARY

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-20 AGREEMENT & ACTIVITIES REPORT	Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019
<small>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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).</small>		
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
1. a. File Number: C- 68431 <input type="checkbox"/> Amended Report		
2. Name and mailing address (include ZIP Code):		
First Name: Robert	Middle Name:	Last Name:
Title: Vice President	3. Any other address where records necessary to verify this report are kept:	
Organization: ABC Company	First Name:	Middle Name:
P.O. Box, Bldg., Room No., if any: P.O. Box 301	Last Name:	
Street: 123 Anyway Street	City:	
State: MD	Zip code:	
4. Date fiscal year ends: Dec / 18 <input type="checkbox"/> d. Other (Specify): <input type="checkbox"/> Partnership <input type="checkbox"/> c. Corporation		
Signature and Verification		
<small>Each of 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.(See Section VII on penalties in the instructions.)</small>		
13. SIGNED: Click Here to Sign <input type="text" value="PRESIDENT"/>		14. SIGNED: <input type="text" value="TREASURER"/>
<small>(If other title, see instructions)</small>		<small>(If other title, see instructions)</small>
Date: <input type="text"/>	Telephone Number: <input type="text"/>	Date: <input type="text"/> Telephone Number: <input type="text"/>

Message from webpage

This form has passed the validation check. Validations only check to make sure data has been entered properly in the form, but there could still be reporting errors in the form. Please review the LM-20 instructions to make sure this form has been filled out according to the requirements.

Please click on a signature field to sign.

OK

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-20 AGREEMENT & ACTIVITIES REPORT	Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019
<small>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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).</small>		
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
1. a. File Number: C- 68431		
2. Name and mailing address (include ZIP Code):		
First Name: Robert	Middle Name:	Last Name: Smith
Title: Vice President	President's Signature	
Organization: ABC Company	By entering my name and password below, I attest that I am Robert Smith , a duly authorized officer of the above labor organization, and declare, 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 attached documents) has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.	
P.O. Box, Bldg., Room No., if any: Room 301	First Name: Robert	Middle Initial: <input type="text"/>
Street: <input type="text"/>	Last Name: Smith	Last Name: <input type="text"/>
City: <input type="text"/>	Date: 12/10/2018	Date: <input type="text"/>
State: <input type="text"/>	Password: <input type="text"/>	Password: <input type="text"/>
Zip code: <input type="text"/>	Phone Number: 202-693- ----	Phone Number: <input type="text"/>
<input type="button" value="Sign"/> <input type="button" value="Cancel"/>		
4. Date fiscal year ends: Dec / 18		
5. Type of person <input checked="" type="checkbox"/> a. Individual <input type="checkbox"/> b. Partnership <input type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify): <input type="text"/>		
Signature and Verification		
<small>Each of 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.(See Section VII on penalties in the instructions.)</small>		
13. SIGNED: Click Here to Sign <input type="text" value="PRESIDENT"/>		14. SIGNED: <input type="text" value="TREASURER"/>
<small>(If other title, see instructions)</small>		<small>(If other title, see instructions)</small>
Date: <input type="text"/>	Telephone Number: <input type="text"/>	Date: <input type="text"/> Telephone Number: <input type="text"/>



- MAIN
- ITEM 6,7&8
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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-20 AGREEMENT & ACTIVITIES REPORT	Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019
<p>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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).</p> <p style="text-align: center;">PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.</p>		
<p>1. a. File Number: C- 68431 <input type="checkbox"/> Amended Report</p>		
<p>2. Name and mailing address (include ZIP Code):</p> <p>First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/></p> <p>Robert <input type="text"/> <input type="text"/> Smith <input type="text"/></p> <p>Title: <input type="text"/></p> <p>Vice President <input type="text"/></p> <p>Organization: <input type="text"/></p> <p>ABC Company <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any: <input type="text"/></p> <p>Room 301 <input type="text"/></p> <p>Street: <input type="text"/> City: <input type="text"/></p> <p>123 Anyway Street <input type="text"/> Silver Spring <input type="text"/></p> <p>State: <input type="text"/> Zip code: <input type="text"/></p> <p>MD <input type="text"/> 20902 <input type="text"/></p>		
<p>3. Any other address where records necessary to verify this report are kept:</p> <p>First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/></p> <p>Title: <input type="text"/></p> <p>Organization: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any: <input type="text"/></p> <p>Street: <input type="text"/> City: <input type="text"/></p> <p>State: <input type="text"/> Zip code: <input type="text"/></p>		
<p>4. Date fiscal year ends: Dec <input type="text"/> / 18 <input type="text"/></p>		
<p>5. Type of person <input checked="" type="checkbox"/> a. Individual <input type="checkbox"/> b. Partnership <input type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify): <input type="text"/></p>		
Signature and Verification		
<p>Each of 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. (See Section VII on penalties in the instructions.)</p>		
<p>13. SIGNED: Robert Smith <input type="text"/> PRESIDENT <input type="text"/> 14. SIGNED: <input type="text"/> TREASURER <input type="text"/></p> <p style="text-align: center;">(If other title, see instructions) (If other title, see instructions)</p> <p>Date: 12/10/2018 <input type="text"/> Telephone Number: 202-693-1132 <input type="text"/> Date: <input type="text"/> Telephone Number: <input type="text"/></p>		



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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-20 AGREEMENT & ACTIVITIES REPORT	Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019
<p>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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).</p>		
<p>1. a. File Number: C- 68431 <input type="checkbox"/> Amended Report</p>		
<p>2. Name and mailing address (include ZIP Code):</p> <p>First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/></p> <p>Robert <input type="text"/> <input type="text"/> Smith <input type="text"/></p> <p>Title: <input type="text"/></p> <p>Vice President <input type="text"/></p> <p>Organization: <input type="text"/></p> <p>ABC Company <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any: <input type="text"/></p> <p>Room 301 <input type="text"/></p> <p>Street: <input type="text"/> City: <input type="text"/></p> <p>123 Anyway Street <input type="text"/> Silver Spring <input type="text"/></p> <p>State: <input type="text"/> Zip code: <input type="text"/></p> <p>MD <input type="text"/> 20902 <input type="text"/></p>		
<p>3. Any other address where records necessary to verify this report are kept:</p> <p>First Name: <input type="text"/> Middle Name: <input type="text"/> Last Name: <input type="text"/></p> <p>Title: <input type="text"/></p> <p>Organization: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any: <input type="text"/></p> <p>Street: <input type="text"/> City: <input type="text"/></p> <p>State: <input type="text"/> Zip code: <input type="text"/></p>		
<p>4. Date fiscal year ends: Dec <input type="text"/> / 18 <input type="text"/></p>		
<p>5. Type of person <input checked="" type="checkbox"/> a. Individual <input type="checkbox"/> b. Partnership <input type="checkbox"/> c. Corporation <input type="checkbox"/> d. Other (Specify): <input type="text"/></p>		
Signature and Verification		
<p>Each of 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. (See Section VII on penalties in the instructions.)</p>		
<p>13. SIGNED: Robert Smith <input type="text"/> PRESIDENT <input type="text"/> 14. SIGNED: <input type="text"/> TREASURER <input type="text"/></p> <p style="text-align: center;">(If other title, see instructions) (If other title, see instructions)</p> <p>Date: 12/10/2018 <input type="text"/> Telephone Number: 202-693-1132 <input type="text"/> Date: <input type="text"/> Telephone Number: <input type="text"/></p>		

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ITEM 11&12

VALIDATION SUMMARY

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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210			FORM LM-20 AGREEMENT & ACTIVITIES REPORT			Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019	
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. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).							
PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.							
1. a. File Number: C- 68431				<input type="checkbox"/> Amended Report			
2. Name and mailing address (include ZIP Code):							
First Name:		Middle Name:		Last Name:		3. Any other address where records necessary to verify this report are kept:	
Robert				Smith		First Name: Middle Name: Last Name:	
Title:							
Vice President							
Organization:							
ABC Company							
P.O. Box, Bldg., Room No., if any:							
Room 301							
Street:				City:			
123 Anyway Street				Silver Spring			
State:				Zip code:			
MD				20902			
4. Date fiscal year ends: Dec / 18				5. Type of person			
				<input checked="" type="checkbox"/> a. Individual <input type="checkbox"/> b. Partnership <input type="checkbox"/> c. Corporation			
				<input type="checkbox"/> d. Other (Specify):			
Signature and Verification							
Each of 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. (See Section VII on penalties in the instructions.)							
13. SIGNED: Robert Smith				PRESIDENT		14. SIGNED:	
(If other title, see instructions)				(If other title, see instructions)		TREASURER	
Date: 12/10/2018		Telephone Number: 202-693-1132		Date:		Telephone Number:	



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