



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

Registration:

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

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

[Edit your account information](#)

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

EFS Help:

- [Frequently Asked Questions](#)
- [LM Forms Prep Guides and How-To Webinars](#)
- [User Registration & PIN Tutorial](#)

EFS Sign in 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?](#)

*Recommended browsers are - IE 11.0 or higher, Google Chrome or Mozilla Firefox*



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

User ID

User Password

File Number

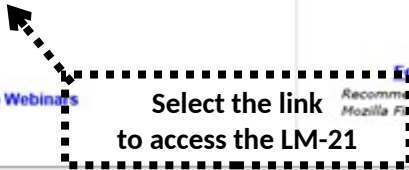
 - 

Union PIN

Sign In

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

*Recommended browsers are - IE 11.0 or higher, Google Chrome or Mozilla Firefox*





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

**EFS Sign in**

---

**User ID:**

**User Password:**



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
No Filer found						

Use the "Locate An Existing LM-20/LM-21 Filer" button to locate an existing filer. To register a new filer, use the "Register A New LM-20/LM-21 Filer" button.



[Start New Form](#) | [Forms In Progress](#) | [Submitted Forms](#)

**START A NEW FORM**

Report Type:

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

[Locate An Existing LM-20/LM-21 Filer](#)

[Register A New LM-20/LM-21 Filer](#)





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 - 123456

Access Key: 12345

Start New LM-20

Start New LM-21

An LM-20 form must be filed prior to submitting an LM-21 report. For support, please contact OLMS Help Desk at 1-866-401-1109 (toll free).



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

START A NEW FORM

Report Type: LM-20/21

File number	Organization Name	Person Filing	Street name	City	State	Zip code
<input checked="" type="checkbox"/> C-68482	ABC Corporation		1234 Penn Ave	Upper Marlboro	MD	20772

Start New LM-20

Start New LM-21

Use the "Locate An Existing LM-20/LM-21 Filer" button to locate an existing filer. To register a new filer, use the "Register A New LM-20/LM-21 Filer" button.

Locate An Existing LM-20/LM-21 Filer | Register A New LM-20/LM-21 Filer



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

START A NEW FORM

Report Type: LM-20/21

File number	Organization Name	Person Filing	Street name	City	State	Zip code
-------------	-------------------	---------------	-------------	------	-------	----------

Enter the filer number of the organization if you know it, or search by the filer's name or by the name of the organization.

File Number: C-

Search By

Use the "Locate An Existing LM-20/LM-21 Filer" button to locate an existing filer. To register a new filer, use the "Register A New LM-20/LM-21 Filer" button.

Locate An Existing LM-20/LM-21 Filer | Register A New LM-20/LM-21 Filer



[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#)

[Log out](#)

[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						



[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#)

[Log out](#)

[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
<a href="#">C-68482</a>				<a href="#">2018</a>		0
<a href="#">C-68482</a>				<a href="#">2018</a>		0



[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#)

[Log out](#)

File number	Organization name	Access key	
C-68431		948727	<a href="#">Generate New Access Key</a>
C-68434		254768	<a href="#">Generate New Access Key</a>



[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#)

[Log out](#)

File number	Organization name	Access key	
C-68431		948727	<a href="#">Generate New Access Key</a>
C-68434		254768	<a href="#">Generate New Access Key</a>



- MAIN**
- STMT B
- STMT C
- SCH D
- VALIDATION SUMMARY

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	<b>FORM LM-21</b> <b>RECEIPTS AND DISBURSEMENTS REPORT</b>	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. File Number: C- 68482	2. Period Covered by this report: From: 01/01/2019 (mm/dd/yyyy) Through: 12/31/2019 (mm/dd/yyyy)	FILE NUMBER: 68482 < >
<b>A. Person Filing</b>		
3. Name and mailing address (include ZIP Code):		4. Any other address where records necessary to verify this report are kept:
First Name: John Middle Name: Last Name: Black	Title: President	First Name: Middle Name: Last Name:
Organization: ABC Corporation	P.O. Box, Bldg., Room No., if any:	Title:
Street: 1234 Penn Ave	City: Upper Marlboro State: MD Zip code +4: 20772	Organization:
		P.O. Box, Bldg., Room No., if any:
		Street:
		City: State: Zip code +4:
Signatures		
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 the Section on penalties in the instructions.)		
17. SIGNED: [Signature] PRESIDENT	18. SIGNED: [Signature] TREASURER	
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**
- STMT B
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- VALIDATION SUMMARY

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	<b>FORM LM-21</b> <b>RECEIPTS AND DISBURSEMENTS REPORT</b>	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).		
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<b>A. Person Filing</b>		
3. Name and mailing address (include ZIP Code):		4. Any other address where records necessary to verify this report are kept:
First Name: John Middle Name: Last Name: Black	Title: President	First Name: Middle Name: Last Name:
Organization: ABC Corporation	P.O. Box, Bldg., Room No., if any:	Title:
Street: 1234 Penn Ave	City: Upper Marlboro State: MD Zip code +4: 20772	Organization:
		P.O. Box, Bldg., Room No., if any:
		Street:
		City: State: Zip code +4:
Signatures		
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 the Section on penalties in the instructions.)		
17. SIGNED: [Signature] PRESIDENT	18. SIGNED: [Signature] TREASURER	
Date: Telephone Number:	Date: Telephone Number:	



- MAIN
- STMT B
- STMT C
- SCH D
- VALIDATION SUMMARY

Save Validate Add Attachments Print Form Instructions Help Submit FILE NUMBER: 68482 < >

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210 **FORM LM-21 RECEIPTS AND DISBURSEMENTS 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. File Number: C- 68482 2. Period Covered by this report: From: 01/01/2019 (mm/dd/yyyy) Through: 12/31/2019 (mm/dd/yyyy)

**A. Person Filing**

3. Name and mailing address (include ZIP Code):  
 First Name: John Middle Name: Last Name: Black  
 Title: President  
 Organization: ABC Corporation  
 P.O. Box, Bldg., Room No., if any:  
 Street: 1234 Penn Ave  
 City: Upper Marlboro State: MD Zip code +4: 20772

4. 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:

**Signatures**

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 the Section on penalties in the instructions.)

17. SIGNED: [Signature] PRESIDENT (If other title, see instructions) Date: Telephone Number: 18. SIGNED: [Signature] TREASURER (If other title, see instructions) Date: Telephone Number:



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- STMT B
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- VALIDATION SUMMARY

Save and Calculate Validate Import Print Form Instructions Help FILE NUMBER: 68482 < >

**B. Statement of Receipts** Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

Show Employer : [Dropdown] Additional Employer

5.a. Name and Address of Employer

**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'.**

Attention To: [Dropdown] Add selected employer 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 & ANNUITY FUND	PO BOX 1267	JACKSONVILLE	IL	62651
<input type="checkbox"/> CENTRAL NEW YORK LABORERS' TRAINING FUND	7051 FLY FD	EAST SYRACUSE	NY	13057
<input type="checkbox"/> CENTRAL NEW YORK LABORERS' WELFARE FUND	7051 FLY RD	EAST SYRACUSE	NY	13057
<input type="checkbox"/> CHICAGO AREA LABORS-EMP. COOP. & EDUC. TRUST	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"/> CONTRACTORS, LABORERS, TEAMSTERS, & ENGINEERS	10334 ELLISON CIRCLE	OMAHA	NE	68134-1123
<input type="checkbox"/> FOX VALLEY LABORERS HEALTH AND WELFARE FUND	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' APPRENTICE & TRAINING FUND	1440 KAPIOLANI BLVD, SUITE 800	HONOLULU	HI	96814

6. TOTAL RECEIPTS FROM ALL EMPLOYERS



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**B. Statement of Receipts** Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

Additional Employer

Show Employer : PJK Food Service Corporation-3310 75th Avenue-Landover-MD

5.a. Name and Address of Employer (including trade name, if any),

Search by employer name Find, Add or Edit Employer

Employer  
PJK Food Service Corporation  
Trade Name

**Attention To:**

First Name	Middle Name	Last Name	Title
Teresa		Johnson	CEO

**Mailing Address:**

P.O. Box, Bldg., Room No., if any	Street Address	City	State	Zip code + 4
	3310 75th Avenue	Landover	MD	29785

5.b. Termination Date 5.c. Amount

December 31, 2018	\$1,500	<input type="checkbox"/> Non-Cash Payment
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Type Of Payment

Delete Employer

6. TOTAL RECEIPTS FROM ALL EMPLOYERS \$1,500



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- VALIDATION SUMMARY

Save and Calculate Validate Import Add Attachments Print Form Instructions Help FILE NUMBER:68482 < >

**C. Statement of Disbursements** Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees: Additional Officers & Employees:

	First Name	(a) Name Middle Name	Last Name	(b) Salary	(c) Expenses	(d) TOTALS
X 1.						\$0
X 2.						\$0
X 3.						\$0
X 4.						\$0
X 5.						\$0

8. Total disbursements to officers and employees: \$0

9. Officer and Administrative Expenses

10. Publicity

11. Fees for Professional Services

12. Loans Made

13. Other Disbursements

14. Total Disbursements (Sum of Items 8-13) \$0





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Save and Calculate   Validate   Import   Print   Form Instructions   Help

FILE NUMBER: 68482   <   >

**D. Schedule of Disbursements for Reportable Activity** Use this schedule to report only disbursements made for the purposes described in Part D of the instructions.

Additional Reportable Activities

Show Employer : (, ) v

Search by employer name | Q

Find, Add or Edit Employer

15.a. Employer Name:

15.b. Trade Name, If any:

15.c. To Whom Paid:

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title		Organization
<input type="text"/>		<input type="text"/>

P.O. Box, Bldg., Room No., if any	Street Address
<input type="text"/>	<input type="text"/>

City	State	Zip code + 4
<input type="text"/>	<input type="text"/>	<input type="text"/>

15.d. Amount

15.e. Purpose

Delete Reportable Activities

16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY





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Save Validate Add Attachments Print Form Instructions Help Submit FILE NUMBER: 68482

CrystalViewer.pdf - Adobe Acrobat Pro DC

File Edit View Window Help

Home Tools CrystalViewer.pdf CrystalViewer.pdf CrystalViewer.pdf x

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

### FORM LM-21 RECEIPTS AND DISBURSEMENTS 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. Required of persons, inc Consultants and Other Individuals and Organizations, under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended (LMRDA).

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

E

1. File Number: C- <u>68482</u>	2. Period Covered By This Report From:	Month/Day/Year (mm/dd/yyyy)	Through:
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**A. Person Filing**

<p>3. Name and mailing address (include ZIP code):</p> <p>Name: <u>John Black</u></p> <p>Title: <u>President</u></p> <p>Organization: <u>ABC Corporation</u></p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: <u>1234 Penn Ave</u></p> <p>City: <u>Upper Marlboro</u> State: <u>MD</u> ZIP: <u>20772</u></p>	<p>4. Any other address where records necessary to verify this report are kept:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Organization: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____ State: _____</p>
--	--

Signatures

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 accompaniment 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.)

17. SIGNED: \_\_\_\_\_ 18. SIGNED: \_\_\_\_\_

Form LM-21 (2003)



- MAIN
- STMT B
- STMT C
- SCH D
- VALIDATION SUMMARY

Print Form Instructions FILE NUMBER: 68482

#### VALIDATION SUMMARY PAGE

1. Item 2: Please enter the Period Covered 'From' date.
2. Item 2: Please enter the Period Covered 'Through' date.
3. Item 9, 10, 11, 12 and 13 cannot be blank. If you have no disbursements to report, enter \$0 in each line.
4. Item 15.c.1 Please enter the organization of the person to whom the payment was made.



- MAIN
- 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:  
Persuade

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: Organization:  
P.O. Box, Bldg., Room No., if any  
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
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- SCH D
- VALIDATION SUMMARY

Save Validate Add Attachments Print Form Instructions Help Submit FILE NUMBER: 68482

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

**FORM LM-21 RECEIPTS AND DISBURSEMENTS 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. File Number: C- 68482 2. Period Covered by this report: From: 01/01/2018 Through: 12/31/2018 (mm/dd/yyyy) (mm/dd/yyyy)

**A. Person Filing**

3. Name and mailing address: First Name: John Title: President Organization: ABC Corporation P.O. Box, Bldg., Room No., if Street: 1234 Penn Ave City: Upper Marlboro State: MD

4. Any other address where records necessary to verify this report are kept: File Name: Last Name:

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-21 instructions to make sure this form has been filled out according to the requirements. Please click on a signature field to sign. OK

**Signatures**

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 the Section on penalties in the instructions.)

17. SIGNED: **Click Here to Sign** PRESIDENT 18. SIGNED: **Click Here to Sign** TREASURER  
(If other title, see instructions) (If other title, see instructions)

Date: Telephone Number: Date: Telephone Number:



- MAIN
- STMT B
- STMT C
- SCH D
- VALIDATION SUMMARY

Save Validate Add Attachments Print Form Instructions Help Submit FILE NUMBER: 68482 < >

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	<b>FORM LM-21</b> <b>RECEIPTS AND DISBURSEMENTS REPORT</b>	Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019
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PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C- 68482      2. Period Covered: \_\_\_\_\_

**A. Person Filing**

3. Name and mailing address (include ZIP Code):

First Name: John	Middle Name:	Last Name: Black	First Name: John
			Middle Initial:
			Last Name: Black
Title: President			Date: 01/16/2019
Organization: ABC Corporation			Password: ●●●●●●
P.O. Box, Bldg., Room No., if any:			Phone Number: 202-693-9999

**President's Signature**  
 By entering my name and password below, I attest that I am **John Black**, 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.

Street: 1234 Penn Ave

City: Upper Marlboro	State: MD	Zip code +4: 20772	City:	State:	Zip code +4:
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Signatures

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 the Section on penalties in the instructions.)

17. SIGNED: <span style="background-color: red; color: white; padding: 2px;">Click Here to Sign</span> PRESIDENT (If other title, see instructions)	18. SIGNED: <span style="background-color: red; color: white; padding: 2px;">Click Here to Sign</span> TREASURER (If other title, see instructions)
Date: _____ Telephone Number: _____	Date: _____ Telephone Number: _____



- MAIN
- STMT B
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- SCH D
- VALIDATION SUMMARY

Save	Validate	Add Attachments	Print	Form Instructions	Help	<b>Submit</b>	FILE NUMBER: 68482 < >
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210		<b>FORM LM-21 RECEIPTS AND DISBURSEMENTS REPORT</b>			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).							
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1. File Number: C- 68482		2. Period Covered by this report:		From: 01/01/2018 (mm/dd/yyyy)	Through: 12/31/2018 (mm/dd/yyyy)		
<b>A. Person Filing</b>							
3. Name and mailing address (include ZIP Code):				4. Any other address where records necessary to verify this report are kept:			
First Name: John		Middle Name:		Last Name: Black		First Name:	
Title: President		Organization: ABC Corporation		P.O. Box, Bldg., Room No., if any:		Title:	
Street: 1234 Penn Ave		City: Upper Marlboro		State: MD		Zip code +4: 20772	
P.O. Box, Bldg., Room No., if any:		Street:		City:		State:	
City:		State:		Zip code +4:		City:	
Upper Marlboro		MD		20772		Zip code +4:	
<b>Signatures</b>							
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 the Section on penalties in the instructions.)							
17. SIGNED: John Black				PRESIDENT		18. SIGNED: <a href="#">Click Here to Sign</a>	
(If other title, see instructions)				(If other title, see instructions)		TREASURER	
Date: 01/16/2019		Telephone Number: 202-693-9999		Date:		Telephone Number:	

FILE NUMBER: 68482 < >
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File Number: C- 68482	Period Covered by this report:	From: 01/01/2018 (mm/dd/yyyy)
3. Name and mailing address (include ZIP Code):		4. Any other address where records necessary to verify this report are kept:
First Name: John	Middle Name:	Last Name: Black
Title: President	Organization: ABC Corporation	P.O. Box, Bldg., Room No., if any:
Street: 1234 Penn Ave	City: Upper Marlboro	State: MD
Zip code +4: 20772	City:	State:
Zip code +4:	City:	State:
<b>Signatures</b>		
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 the Section on penalties in the instructions.)		
17. SIGNED: John Black		PRESIDENT
(If other title, see instructions)		(If other title, see instructions)
Date: 01/16/2019	Telephone Number: 202-693-9999	Date:



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