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START A NEW FORM

Report Type:

Organization

Street Address

P.O.Box - Building and Room
Number

City

State

Zip+4

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START A NEW FORM

Report Type:

File Number: C -

Access Key:

[Start New LM-10](#)



MAIN

ITEMS 5,6 & 7

ITEM 8

VALIDATION SUMMARY

Save	Validate	Add Attachments	Print	Form Instructions	Help	Submit	FILE NUMBER:68550
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210			FORM LM-10 EMPLOYER 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. PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.							
1. File Number: E- 68550		2. Fiscal Year Covered:		From	Through		
				(mm/dd/yyyy)	(mm/dd/yyyy)		
3. Name and address of Reporting Employer (inc. trade name, if any).							
Employer ABC Company							
Trade Name							
Attention To:							
<input type="checkbox"/> Principal/Corresponding Officer							
First Name	Middle Name	Last Name	Title				
John		Smith	President				
Mailing Address:							
P.O. Box, Bldg., Room No., if any				Street Address			
				123 Any Street			
City	State	Zip code +4					
anywhere	00						
4. Name and address of President or corresponding principal officer, if different from address in Item 3.							
First Name	Middle Name	Last Name					
P.O. Box, Bldg., Room No., if any				Street Address			
City	State	Zip code +4					
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 the Section VIII 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:				



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5. Any other address where records necessary to verify this report will be available for examination.					
First Name	Middle Name	Last Name	Title		
Organization					
P.O. Box, Bldg., Room No., if any	Street	City	State	Zip code + 4	
6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination.					
<input type="checkbox"/> Address in Item 3 <input type="checkbox"/> Address in Item 4 <input type="checkbox"/> Address in Item 5					
7. Type of organization					
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify) _____					



MAIN

ITEMS 5, 6 & 7

ITEM 8

-Item 8a-PART B

-Item 8b-PART B

-Item 8c-PART B

-Item 8d-PART B

-Item 8e-PART B

-Item 8f-PART B

VALIDATION SUMMARY

Save Validate Add Attachments Print Form Instructions Help

FILE NUMBER: 68550 < >

PART A Continued

8. Type of Reportable Activity Engaged In By Employer

Read the following questions and the accompanying instructions carefully. Based on the exclusion listed in the instruction, check either "Yes" or "No" for these items. The system will create corresponding Part B pages for any item you selected "Yes".

DURING THE FISCAL YEAR COVERED BY THIS REPORT:

- 8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization? Yes No
- 8.b. Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees? Yes No
- 8.c. Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representatives of their own choosing? Yes No
- 8.d. Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees of a labor organization in connection with a labor dispute in which you were involved? Yes No
- 8.e. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise or as to the manner of exercising the right to organize and bargain collectively through representatives of their own choosing or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement? Yes No
- 8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities or employees or of a labor organization in connection with a labor dispute in which you were involved, or did you make any payment pursuant to such agreement or arrangement? Yes No



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-Item 8a-PART B

-Item 8b-PART B

-Item 8c-PART B

-Item 8d-PART B

-Item 8e-PART B

-Item 8f-PART B

VALIDATION SUMMARY

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8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization? Yes No

PART B

New LM-10 Part B

Complete a separate Part B for every person or organization with whom a reportable agreement was made.

Show Part Bs : Search by organization name or person's name

9.a. (Check all that apply)
 Agreement Payment

9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.
 First Name Middle Name Last Name
 P.O. Box, Bldg., Room No., if any Street City State Zip code + 4

9.c. Position in labor organization or with employer (if an independent labor consultant, so state).

9.d. Name and address of firm or labor organization with whom employed or affiliated.
 Organization
 Same as 9.b address
 P.O. Box, Bldg., Room No., if any Street Address City State Zip code + 4

10.a. Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made Check if the payment is unrelated to an agreement or arrangement

10.b. The promise, agreement, or arrangement was: (Check all that apply)
 Oral Written (Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure (mm/dd/yyyy)	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (specify whether payment or loan, and whether in cash or property)
<input checked="" type="checkbox"/> 1. <input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> 2. <input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> 3. <input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> 4. <input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> 5. <input type="text"/>	<input type="text"/>	<input type="text"/>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Total Number of Part B's Added

