



- MAIN**
- ITEM 5**
- PART A**
- PART B**
- PART C**
- VALIDATION SUMMARY**

| | | | | | | | | | | | | | | |
|---|--|--|---|---|---|--|--|---|------------------------------|--|---------------------------------|---|--|--|
| <input type="button" value="Save"/> <input type="button" value="Validate"/> <input type="button" value="Submit"/> <input type="button" value="Print"/> <input type="button" value="Form Instructions"/> | FILE NUMBER: 67364 <input type="button" value="←"/> <input type="button" value="→"/> | | | | | | | | | | | | | |
| U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210 | FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT | Form Approved Office of Management and Budget No. 1245-0003 Expires: 07-31-2019 | | | | | | | | | | | | |
| 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. LM-30 File Number <input type="text" value="U-67364"/> | 4. Your Contact Information <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">First Name <input type="text" value="Jane"/></td> <td style="width: 33%;">Middle Name <input type="text" value="R"/></td> <td style="width: 33%;">Last Name <input type="text" value="Doe"/></td> </tr> <tr> <td colspan="2">Street Address <input type="text"/></td> <td>P.O. Box - Building and Room Number <input type="text"/></td> </tr> <tr> <td>City <input type="text"/></td> <td>State <input type="text" value="VA"/></td> <td>ZIP + 4 <input type="text"/></td> </tr> <tr> <td colspan="3">Email Address (Optional) <input type="text" value="doe.jane@test.com"/> <input type="button" value="x"/></td> </tr> </table> | | First Name <input type="text" value="Jane"/> | Middle Name <input type="text" value="R"/> | Last Name <input type="text" value="Doe"/> | Street Address <input type="text"/> | | P.O. Box - Building and Room Number <input type="text"/> | City <input type="text"/> | State <input type="text" value="VA"/> | ZIP + 4 <input type="text"/> | Email Address (Optional) <input type="text" value="doe.jane@test.com"/> <input type="button" value="x"/> | | |
| First Name <input type="text" value="Jane"/> | Middle Name <input type="text" value="R"/> | Last Name <input type="text" value="Doe"/> | | | | | | | | | | | | |
| Street Address <input type="text"/> | | P.O. Box - Building and Room Number <input type="text"/> | | | | | | | | | | | | |
| City <input type="text"/> | State <input type="text" value="VA"/> | ZIP + 4 <input type="text"/> | | | | | | | | | | | | |
| Email Address (Optional) <input type="text" value="doe.jane@test.com"/> <input type="button" value="x"/> | | | | | | | | | | | | | | |
| 2. Fiscal Year Covered From <input type="text"/> Through <input type="text"/> <small>(mm/dd/yyyy) (mm/dd/yyyy)</small> | Note : 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. | | | | | | | | | | | | | |
| 3. Amended Report - If this is an amended report, check here: <input type="checkbox"/> | 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: <input type="text"/> | Date: <input type="text"/> | Telephone Number: <input type="text"/> | | | | | | | | | | | | |

Form LM-30 (Revised 2011)



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5. Labor Organization Identifying Information

1. File Number - Find or Add an Organization

Officer Employee

Your officer position or job title



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PART A - REPRESENTED EMPLOYER. An employer whose employees your labor organization represents or is actively seeking to represent.

- 1. Find, Add or Edit Employer

6. Name of represented employer

Contact

| | | | |
|----------------------|-------------------------------------|----------------------|----------------------|
| First Name | Middle Name | Last Name | Telephone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Address | P.O. Box - Building and Room Number | City | State |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | ZIP + 4 |
| | | | <input type="text"/> |

7.a. Nature of interest, transaction, benefit, arrangement, income, or loan

7.b. Amount or value or interest, transaction, benefit, arrangement, income, or loan

If value is not known or cannot be estimated, please explain why

Delete Part A

Add Another Part A

LM-30 Part B

DEPARTMENT OF LABOR

DOL Home > OLMS > EFS > Report Selection > Home Page Log out

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PART B - BUSINESS. 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.

| | | | |
|----------------------|-------------------------------------|----------------------|---|
| First Name | Middle Name | Last Name | Telephone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Address | P.O. Box - Building and Room Number | City | State ZIP + 4 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |

9. Business deals with a. Labor Organization b. Trust c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Contact

| | | | |
|----------------------|-------------------------------------|----------------------|---|
| First Name | Middle Name | Last Name | Telephone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Address | P.O. Box - Building and Room Number | City | State ZIP + 4 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |

11.a. Nature of dealings

11.b. Value of dealings

If value is not known or cannot be estimated, please explain why

12.a. Nature of interest, benefit, arrangement, or income

12.b. Amount or value of interest, benefit, arrangement, or income

If value is not known or cannot be estimated, please explain why

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U.S. Department of Labor | Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.dol.gov/olms/ | Telephone: 1-866-401-1109 | Contact Us



MAIN

ITEM 5

PART A

PART B

PART C

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PART C - OTHER EMPLOYER OR LABOR RELATIONS CONSULTANT. 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.

1. Search by employer or labor consultant Find, Add or Edit Other Employer or Labor Consultant

13.a. Contact information for employer or labor relations consultant

Name of employer or labor relations consultant

Text input field for name of employer or labor relations consultant

Contact

First Name

Text input field for first name

Middle Name

Text input field for middle name

Last Name

Text input field for last name

Telephone

Text input field for telephone

Street Address

Text input field for street address

P.O. Box - Building and Room Number

Text input field for P.O. box/building and room number

City

Text input field for city

State

Dropdown menu for state

ZIP + 4

Text input field for ZIP + 4

13.b. Type of Entity: Is this entity an employer or a consultant?

14.a. Nature of payment

Text input field for nature of payment

14.b. Amount or value of payment

Text input field for amount or value of payment

If value is not known or cannot be estimated, please explain why

Text input field for explanation of value

Delete Part C

Add Another Part C



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VALIDATION SUMMARY PAGE

1. You have not entered any information in Part A, Part B or Part C. Please consult the [Form Instructions](#) link above if you need help on what information must be filed for this report.
2. Item 2: Please enter the Period Covered 'From' date.
3. Item 2: Please enter the Period Covered 'Through' date.
4. Item 4: Please enter either a street address or a P.O. Box Building and Room Number.
5. Item 4: Please enter the name of the city.
6. Item 4: Please select the state. Select OO for non-U.S. territories.
7. Item 4: Please enter the zip code.
8. Item 5: Row 1, Please enter the file number of your organization in xxx-xxx format in the box provided. If you do not know the file number, you may search for the labor organization from a list by clicking on [Search](#).
9. Item 5: Row 1, Please indicate whether you are an officer or an employee of the labor organization by checking the appropriate box.
10. Item 5: Row 1, Please enter your officer position or job title in the labor organization.

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