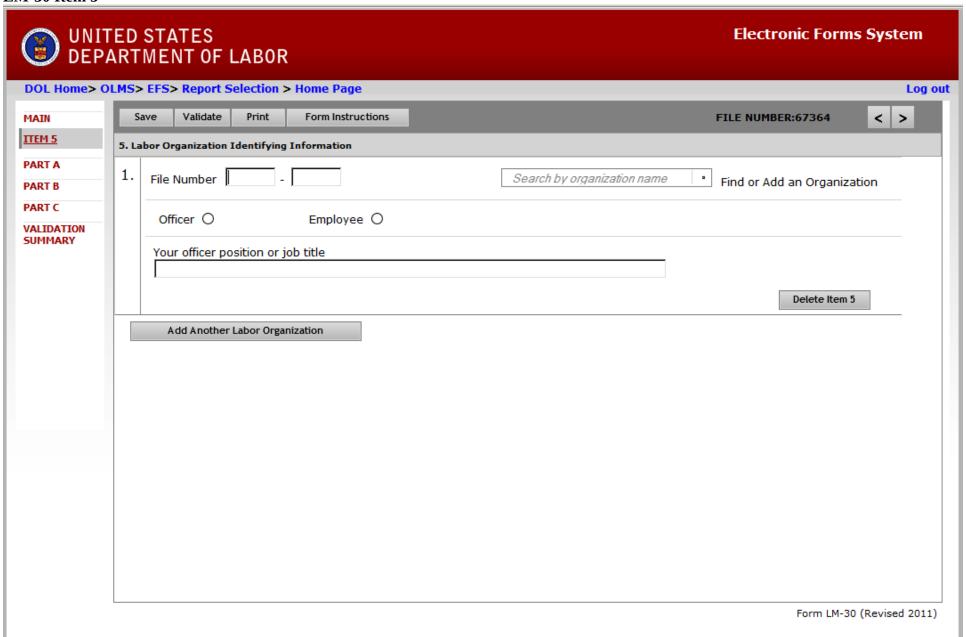
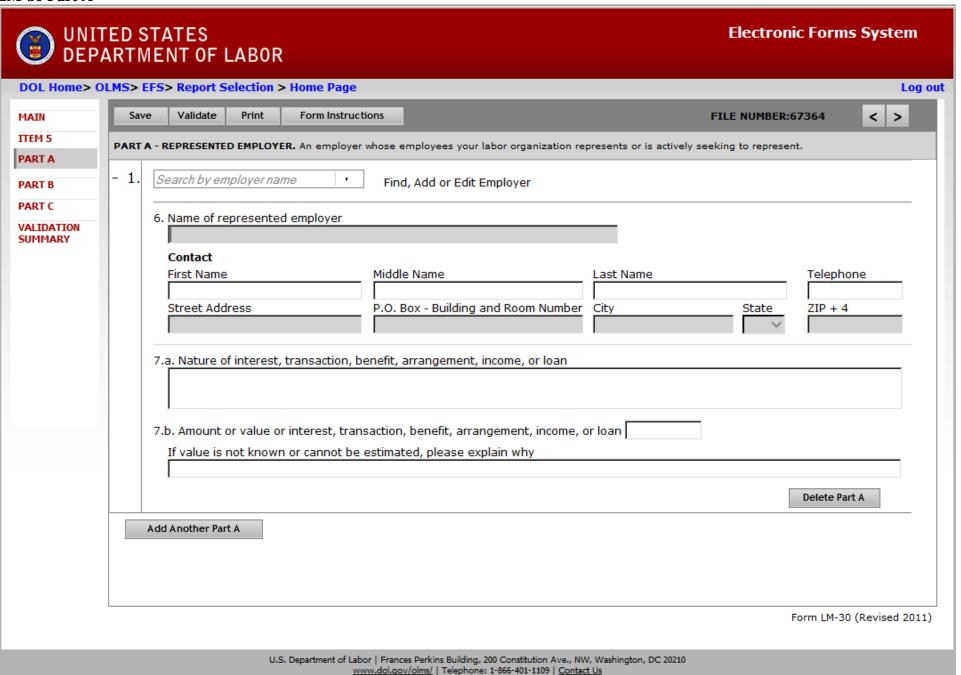
#### **Electronic Forms System** UNITED STATES **DEPARTMENT OF LABOR** DOL Home> OLMS> EFS> Report Selection > Home Page Log out MAIN Validate Submit Print Save Form Instructions FILE NUMBER:67364 < > ITEM 5 Form Approved U.S. Department of Labor FORM LM-30 Office of Management and Budget Office of Labor-Management Standards PART A LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT No. 1245-0003 Washington, DC 20210 Expires: 07-31-2019 PART B 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 PART C PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. VALIDATION 4. Your Contact Information SUMMARY 1. LM-30 File Number U-67364 First Name Middle Name Last Name Doe Jane P.O. Box - Building and Room Number Street Address Fiscal Year From Through Covered (mm/dd/yyyy) (mm/dd/yyyy) City ZIP + 4State Amended Report -If this is an amended report, check here: Email Address (Optional) doe.jane@test.com × 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. 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: Date: Telephone Number:

Form LM-30 (Revised 2011)

## **LM-30 Item 5**



### LM-30 Part A



# LM-30 Part B

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		ice provider, (1) a substantial part of				
dealing with the business of a dealing with your labor organ	an employer described in Part zation or with a trust in which	: A or (2) any part of which consists your labor organization is intereste	of buying from or selling o	r leasing directi	y or indirectly to, or o	otnerv
First Name	Middle	Name	Last Name		Telephone	_
Street Address	D.O. B.	ov Duilding and Doom Number	City	Ctato	710 + 4	
Street Address	P.O. BO	ox - Building and Room Number	City	State	ZIP + 4	
9. Business deals w	th O a. Labor Org	anization O b. Trust	O c. Employer			
10. If 9.b. or 9.c. is	hecked give trust or empl	oyer's name				
Combo et						
Contact First Name	Middle	Name	Last Name		Telephone	
Street Address	P.O. Bo	ox - Building and Room Number	City	State	ZIP + 4	
11.a. Nature of deal	inas		ı		ı	
11.b. Value of dealir						
	wn or cannot be estimate	d. please explain why				
Tr value is not land	or carmor be estimate	а, ресове ехрант тт				
12.a. Nature of inter	est, benefit, arrangement	, or income				_
12.b. Amount or val	ue of interest, benefit, arra	angement, or income				
If value is not kno	wn or cannot be estimate	d, please explain why				_
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Add Another Part B						
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## **Electronic Forms System UNITED STATES** DEPARTMENT OF LABOR DOL Home> OLMS> EFS> Report Selection > Home Page Log out Print MAIN Save Validate Form Instructions FILE NUMBER:67364 < > ITEM 5 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 PART A labor organization); or a labor relations consultant to such an employer or to the employer listed in Part A. PART B Search by employer or labor consultant Find, Add or Edit Other Employer or Labor Consultant PART C VALIDATION 13.a. Contact information for employer or labor relations consultant SUMMARY Name of employer or labor relations consultant Contact First Name Middle Name Last Name Telephone Street Address P.O. Box - Building and Room Number City State ZIP + 4Oan employer or O a consultant? 13.b. Type of Entity: Is this entity 14.a. Nature of payment 14.b. Amount or value of payment If value is not known or cannot be estimated, please explain why Delete Part C Add Another Part C Form LM-30 (Revised 2011)

## **LM-30 Validation Summary**

