

PAGE 1

PAGE 2

ITEM 24

STMT A & B

ADDNL INFO

VALIDATION
SUMMARY

Save Import Add Attachments Validate Submit Help Print		
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS	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		
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
For Official Use Only E	1. FILE NUMBER 545511	2. PERIOD COVERED MO DAY YEAR From 01/01/2017 Through 12/31/2017
3. (a) AMENDED - If this is an amended report, check here: ☐ (b) HARDSHIP - If filing under hardship procedures, check here: ☐ (c) TERMINAL - If this is a terminal report, check here: ☐		
4. AFFILIATION OR ORGANIZATION NAME AIR TRAFFIC CONTROLLERS AFL-CIO		8. MAILING ADDRESS (Type in capital letters) First Name JAMES L Last Name BAILEY
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NUMBER 0
7. UNIT NAME (if any) SPG		P.O. Box - Building and Room Number (if any) Number and Street 550 5TH AVE SE
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.)		City ST. PETERSBURG
Yes ☐ No ☐		State FL
ZIP Code + 4 33701		
Each of the undersigned, duly authorized officers of the above labor organization, 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 VI on penalties in the instructions.)		
57. SIGNED: _____ PRESIDENT		58. SIGNED: _____ TREASURER
(If other title, see instructions)		(If other title, see instructions)
Date: _____	Telephone Number: _____	Date: _____
Telephone Number: _____		Telephone Number: _____

AI - Additional Information has been provided. Click "AI" to view or edit the text.
*AI - Additional Information must be provided for this item. Click the "AI" to enter.

Electronic Forms System

PAGE 1

PAGE 2

ITEM 24

STMT A & B

ADDNL INFO

VALIDATION
SUMMARY

Save

Import

Add Attachments

Validate

Help

Print



FILE NUMBER:545511

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions?

Yes ☐
No ☐

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?

Yes ☐
No ☐

12. Have a political action committee (PAC) fund?

Yes ☐
No ☐

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale?

Yes ☐
No ☐

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?

Yes ☐
No ☐

15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.)

Yes ☐
No ☐

16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?

Yes ☐
No ☐

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?

Yes ☐
No ☐

18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?

Yes ☐
No ☐

19. How many members did your organization have at the end of the reporting period?

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? (If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)

Yes ☐
No ☐

22. What is the date of your organization's next regular election of officers?

23. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees				
Dues/Fees	Amount	Unit	Minimum	Maximum
(a) Regular Dues/Fees		per		
(b) Initiation Fees		per		
(c) Transfer Fees		per		
(d) Work Permits		per		

If the answer to any of the above questions is "Yes," provide details in Item 56 (Additional Information) as explained in the instructions for each item.

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Electronic Forms System

PAGE 1**PAGE 2****ITEM 24****STMT A & B****ADDNL INFO****VALIDATION
SUMMARY**

Save & Calculate Import Add Attachments Validate Help Print					
24.ALL OFFICERS AND DISBURSEMENTS TO OFFICERS				Add More Rows	
(A)Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)			(D) Gross Salary before taxes and other deductions)	(E) Allowances and Other Disbursements	(F) TOTAL
(B)Title (Enter title of officer, such as PRESIDENT or TREASURER.)	(C)Status				
Last Name	First Name	Middle Initial			
☒					\$0
1. Title	Status				
Last Name	First Name	Middle Initial			
☒					\$0
2. Title	Status				
Last Name	First Name	Middle Initial			
☒					\$0
3. Title	Status				
Last Name	First Name	Middle Initial			
☒					\$0
4. Title	Status				
Last Name	First Name	Middle Initial			
☒					\$0
5. Title	Status				
Total					
				Less Deductions	
The Total from Net Disbursements will be entered in Item 45				Net Disbursements	
(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 Additional Information.)					

PAGE 1

PAGE 2

ITEM 24

STMT A & B

ADDNL INFO

VALIDATION
SUMMARY

Save & Calculate

Import

Add Attachments

Validate

Help

Print



FILE NUMBER:545511

Cash Reconciliation : \$0

STATEMENT A - ASSETS AND LIABILITIES

ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
Item			Item		
25. Cash			32. Accounts Payable		
26. Loans Receivable			33. Loans Payable		
27. U.S. Treasury Securities			34. Mortgages Payable		
28. Investments			35. Other Liabilities		
29. Fixed Assets			36. TOTAL LIABILITIES	\$0	\$0
30. Other Assets					
31. TOTAL ASSETS	\$0	\$0	37. NET ASSETS (Item 31 Less Item 36)	\$0	\$0

STATEMENT B - RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
Item		Item	
38. Dues		45. To Officers (from Item 24)	\$0
39. Per Capita Tax		46. To Employees (less deductions)	
40. Fees, Fines, Assessments & Work Permits		47. Per Capita Tax	
41. Interest & Dividends		48. Office & Administrative Expense	
42. Sale of Investments & Fixed Assets		49. Professional Fees	
43. Other Receipts		50. Benefits	
44. TOTAL RECEIPTS	\$0	51. Contributions, Gifts & Grants	
If total receipts reported in Item 44 are \$250,000 or more, your organization must file Form LM-2 instead of this form.		52. Purchase of Investments & Fixed Assets	
		53. Loans Made	
		54. Other Disbursements	
		55. TOTAL DISBURSEMENTS	\$0

LM-3 Additional Information

[DOL Home](#)> [OLMS](#)> [EFS](#)> [Home Page](#)

Log out

Electronic Forms System

PAGE 1

PAGE 2

ITEM 24

STMT A & B

ADDNL INFO

VALIDATION SUMMARY

Save & CalculateImportAdd AttachmentsGeneral InformationPrint

56.ADDITIONAL INFORMATION SUMMARY

FILE NUMBER:545511

Form LM-3 (Revised 2010)

(Page 5 of 6)

LM-3 Validation Summary Page

[DOL Home](#)> [OLMS](#)> [EFS](#)> [Home Page](#)

[Log out](#)

Electronic Forms System

PAGE 1

PAGE 2

ITEM 24

STMT A & B

ADDNL INFO

VALIDATION SUMMARY

Save & Calculate

Import

Add Attachments

Print

FILE NUMBER:545511

VALIDATION SUMMARY PAGE

Form LM-3 (Revised 2010)

(Page 6 of 6)