LM-4 Page 1

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PAGE 1	Save	Add Attachm	ents Validat	e Subm	it He	elp Pi	rint					3
PAGE 2												
ADDNL INFO VALIDATION SUMMARY	Offic W	6. Department be of Labor-Ma Standards (ashington, DC	FOR USE ONLY BY LABOR ORGANIZATION				NS WITH LESS THAN \$10,000 IN TOTAL ANNUAL ECEIPTS			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 1. FILE NUM 545-511				THE INC	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				
	4. AFFILIATION OR ORGANIZATION NAME AIR TRAFFIC CONTROLLERS AFL-CIO 5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER 0 LOCAL UNION 7. UNIT NAME (if any) SPG						8. MAILING ADDRESS (Type in capital letters) First Name JAMES L P.O. Box - Building and Room Number (if any)					
	SPG							Number and Street 550 5TH AVE SE				
								City ST. PETERSBURG				
								State ZIP Code 33701			+ 4	
	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.)											
	20. SIGN	NED:				PI	RESIDENT	21. SIGNED:			TREASURER	
	Date:			Telephone Number:	(If other	title, see i	nstructions)	Date:		(If one suppose imber:	other title, see instructions)	

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.

Form LM-4 (Revised 2000) (Page 1 of 4)

LM-4 Page 2

Electronic Forms System PAGE 1 Add Attachments Validate Help Print PAGE 2 **COMPLETE ITEMS 9 THROUGH 18** FILE NUMBER:545-511 ADDNL INFO Enter Amounts in Dollars Only - Do Not Enter Cents VALIDATION SUMMARY 14. Enter the total value of your During the reporting period, did your organization's assets at the end of the organization have any changes in its constitution and bylaws (other than rates reporting period (cash, bank accounts, equipment, etc.). of dues and fees) or in Yes O practices/procedures listed in the No O 15. Enter the total liabilities (debts) of your instructions? (If the constitution and bylaws organization at the end of the reporting have changed, attach two new dated period (unpaid bills, loans owed, etc.). copies. If practices/ procedures have changed, see instructions.) 16. Enter the total receipts of your organization during the reporting period 10. Did your organization change its rates (dues, fees, interest received, etc.). (If Yes O of dues and fees during the reporting \$10,000 or more, your organization must file period? (If "Yes," report the new rates in No O Form LM-2 or LM-3 instead of this form.) Item 19 on page 1.) 17. Enter the total disbursements made by 11. Did your organization discover any loss your organization during the reporting period or shortage of funds or property during the (per capita tax, loans made, net payment to Yes O reporting period? (If "Yes," provide details officers, payments for office supplies, etc.). No O in Item 19. Answer "Yes" even if there has 18. Enter the total payments to officers and been repayment or recovery.) employees during the reporting period (gross salaries, lost time payments, allowances, Yes O 12. Was your organization insured by a expenses, etc.). fidelity bond during the reporting period? No O If "Yes," enter the maximum amount Please be sure to: recoverable under the bond for loss · Enter your union's 6-digit file number in Item 1. caused by any person.

- Report a time period of no more than one year in Item 2.
- Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.
- FILE ON TIME. Form LM-4 must be filed within 90 days after the end of your union's fiscal year.

If the answer to questions 9, 10, or 11 is "Yes," provide details in Item 19 (Additional Information) as explained in the instructions for each item.

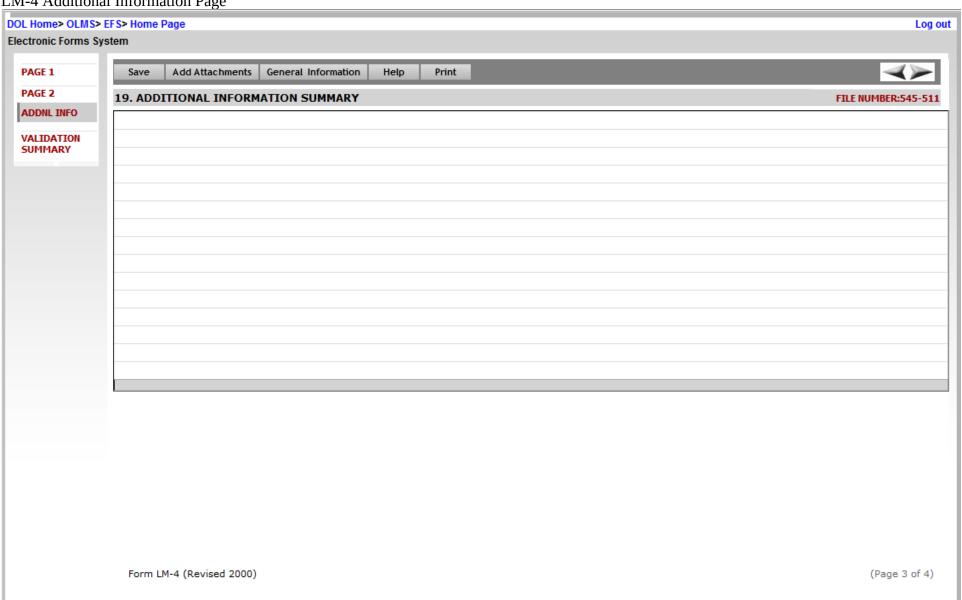
AI - Additional Information has been provided, Click "AI" to view or edit the text, *AI - Additional Information must be provided for this item. Click the "AI" to enter.

13. How many members did your organization have at the end of the

reporting period?

Form LM-4 (Revised 2000) (Page 2 of 4)

LM-4 Additional Information Page



LM-4 Validation Summary

