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 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.

| For Official Use Only PLEASE READ THE INSTRUCTIONS CARE  | FULLY BEFORE PREPARING THIS REPORT.   |
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| E  |   |
|  | 5. Labor Organization Identifying Information   |
| 1. LM-30 File Number: <b>U-</b>  | Name  |
| 2. Fiscal Year Covered: from through (mm/dd/yyyy) (mm/dd/yyyy)   | Street address  |
| 3. Amended Report – If this is an amended report, check here:  | City State ZIP  |
| 4. Your Contact Information  | State Zn  |
| Name (first, middle, last)   | File number   |
| Street address   | Officer Employee  |
| City State ZIP   | Your officer position or job title  |
| Email address (optional)   |   |
| or received income, payment, or benefit from the entities described below.  PART A – REPRESENTED EMPLOYER. An employer whose employees your labor or   | ganization represents or is actively seeking to represent.  |
| 6. Name of represented employer  | 7.a. Nature of interest, transaction, benefit, arrangement, income, or loan   |
| Contact name Telephone   |   |
| Street address   | _   |
| City State ZIP   | 7.b. Amount or value of interest, transaction, benefit, arrangement, income, or loan  |
| 15. Signature and Verification   | •   |
| The undersigned declares, under penalty of perjury and other applicable penalties of law, that all of documents) has been examined by the signatory and is, to the best of the undersigned's knowledge | the information submitted in this report (including the information contained in any accompanying e and belief, true, correct and complete. |
| Signed   | On Telephone Number   |

| File Number <b>U</b>   |  |
|--|--|
| 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. |  |
| 8. Name of business  | 11.a. Nature of dealings   |
| Contact nameTelephone  |  |
| Street address   |  |
| City State ZIP   |  |
| 9. Business deals with a. Labor Organization b. Trust c. Employer  | 11.b. Value of dealings  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name   | 12.a. Nature of interest, benefit, arrangement, or income          |
| Outside a series Table has a   |  |
| Contact nameTelephone  Street address  |  |
| City State ZIP   |  |
|  | 12.b. Amount or value of interest, benefit, arrangement, or income |
|  |  |
| 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.            |  |
| 13.a. Contact information for employer or labor relations consultant   | 14.a. Nature of payment  |
| Name of employer or labor relations consultant   |  |
| Contact nameTelephone  |  |
| Mailing address  |  |
| City State ZIP   |  |
| 13.b. Type of entity: Is the entity an employer or a consultant?   | 14.b. Amount or value of payment                                   |