

FORM LM-1

LABOR ORGANIZATION INFORMATION REPORT

For Official Use Only

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.

Identification Items (To be completed by all filers)

1. File Number			2. What is your organization's fiscal year ending date? / /		
3. Is this the first Form LM-1 your organization has filed?					
<input type="checkbox"/> Yes, this is an INITIAL FORM LM-1. (Complete Items 2 through 21.)		<input type="checkbox"/> No, this is an AMENDED FORM LM-1. (Complete Items 1 through 9, 18, 20, and 21.)			
4. Affiliation or Organization Name			5. Designation (Local, Lodge, etc.)		
6. Designation Number <small>Prefix Number Suffix</small>			7. Unit Name (if any)		
8. Mailing Address Name Title P.O. Box, Bldg., and Room No., if any Street City State ZIP Code + 4			9. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Bldg., and Room No., if any Street City State ZIP Code + 4		

Signatures

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 the section on penalties in the instructions.)

20. Signed _____ President	President (if other title, see instructions)	21. Signed _____ Secretary	Secretary (if other title, see instructions)
On _____ Date	_____ Telephone Number	On _____ Date	_____ Telephone Number

Name of Labor Organization	File Number
----------------------------	-------------

Information Items *(To be completed by initial filers only)*

10. Where is your organization chartered to operate?			11. When is your organization's next regular election of officers?	
City	County	State	Month	Year

<p>12. Are any of your organization's members:</p> <p><input type="checkbox"/> Private Industry Employees</p> <p><input type="checkbox"/> U.S. Postal Service Employees</p> <p><input type="checkbox"/> Federal Government Employees</p> <p><i>(Check as many boxes as are applicable)</i></p>	<p>13. Is your organization:</p> <p><input type="checkbox"/> A Local, Lodge, Branch, etc.</p> <p><input type="checkbox"/> An Intermediate Body (a conference, general committee, joint board, system board, joint council, district, etc.)</p> <p><input type="checkbox"/> A National or International</p>	<p>14. What are your organization's expected annual receipts (dues, fees, etc.):</p> <p><input type="checkbox"/> Less than \$10,000</p> <p><input type="checkbox"/> \$10,000 - 249,999</p> <p><input type="checkbox"/> \$250,000 or more</p>
--	--	--

15. List the names and titles of all your organization's officers.

Name	Title

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

a. Regular Dues/Fees \$		per	<i>(month, year, etc.)</i>	Minimum	Maximum
b. Working Dues	\$			Minimum	Maximum
c. Initiation Fees	\$			Minimum	Maximum
d. Transfer Fees	\$			Minimum	Maximum
e. Work Permits	\$	per	<i>(month, year, etc.)</i>	Minimum	Maximum

17. A copy of your organization's current constitution and bylaws must be filed with this report. Under certain circumstances, your parent national or international organization may file a copy on your behalf *(see the instructions for this item)*. Is your parent national or international submitting a copy on your behalf?

Yes No

If your organization is filing any governing documents with this report, list them below.

Name of Labor Organization	File Number
----------------------------	-------------

Practices and Procedures (To be completed by all filers except Federal employee labor organizations subject solely to Title VII of the Civil Service Reform Act or Chapter 10 of the Foreign Service Act)

18. Enter in Column (1) the page number and section or paragraph number of your organization's constitution and bylaws where the listed practice or procedure is described. Or, if not described in the constitution and bylaws, check the box in Column (2) and provide a description of the practice or procedure in Item 19 or on an attached page.

Practice or Procedure	(1) Page, Section, and/or Paragraph Number of Constitution and Bylaws	(2) Described in Item 19
a. Qualifications for or restrictions on membership		a. <input type="checkbox"/>
b. Levying assessments		b. <input type="checkbox"/>
c. Participating in insurance or other benefit plans		c. <input type="checkbox"/>
d. Authorizing disbursement of labor organization funds		d. <input type="checkbox"/>
e. Auditing financial transactions of the labor organization		e. <input type="checkbox"/>
f. Calling regular and special meetings		f. <input type="checkbox"/>
g.1. Selecting officers and stewards and selecting any representatives to other bodies composed of labor organizations' representatives.		g.1. <input type="checkbox"/>
g.2. Invoking procedures by which a member may protest a defect in the election of officers (including not only all procedures for <i>initiating</i> an election protest but also all procedures for subsequently <i>appealing</i> an adverse decision, for example, procedures for appeals to superior or parent bodies, if any)		g.2. <input type="checkbox"/>
h. Disciplining or removing officers or agents for breaches of their trust		h. <input type="checkbox"/>
i. Imposing fines and suspending or expelling members including the grounds for such action and any provision made for notice, hearing, judgment on the evidence, and appeal procedures		i. <input type="checkbox"/>
j. Authorizing bargaining demands		j. <input type="checkbox"/>
k. Ratifying contract terms		k. <input type="checkbox"/>
l. Authorizing strikes		l. <input type="checkbox"/>
m. Issuing work permits		m. <input type="checkbox"/>

Additional Information (To be completed by all filers, as necessary)

19. Additional Information