

NIN .	Save Validate Add Attachments	Print Form In	structions Help		Submit	FILE NUMBER:68495 < >
EMS 5,6 & 7	U.S. Department of La Office of Labor-Management	Standards	EM	FORM LM-10 PLOYER REPORT		Form Approved Office of Management and Budget No. 1245-0003
EM 8	Washington, DC 202	10	LM	PLOTER REPORT		Expires: 09-30-2021
LIDATION MMARY	This report is mandatory under P.L.			nay result in criminal prosecut S CAREFULLY BEFORE PRE		penalties as provided by 29 U.S.C. 439 or 4 EPORT.
			PART A			
	1. File Number: E- 68495	2. Fi	scal Year Covered:	From (mm/dd/yyyy)		Through (mm/dd/yyyy)
	3. Name and address of Reporting	Employer (inc. tra	ade name, if any).	(, 33, , , , , , , ,		(, 33, 7, 7, 7, 7)
	Employer FRANCIS PERKINS EMPLOYMEN	IT COMPANY				
	Trade Name					$\overline{}$
	Attention To: Principal/Corresponding Office	r				
	First Name JAKE	Middle Name	2	Last Name SOREL		Title OFFICER
	Mailing Address:					
	P.O. Box, Bldg., Room No., if any			Street 123 MAIN ST		
	City WASHINGTON	State DC ✓		ZIP Code +4 20200		
	4. Name and address of President	or corresponding	principal officer, if d	lifferent from address in It	em 3.	
	First Name	Middle Name	2	Last Name		
	P.O. Box, Bldg., Room No., if any			Street		
	City	State 🗸		ZIP Code +4		
				Signatures		
		information contain	ed in any accompanyi	s, under penalty of perjury ar ng documents) has been exar		e penalties of law, that all of the information atory and is, to the best of the undersigned's

Office of Labor-	Management Standards -	OLMS			<u>Log ou</u>
OLMS HOME	OLMS Reports ▼	User Guides/FAQs ▼		EFS Helpdesk: 1-866-401	1-1109 TTY: 1-877-4-889-5627 Email: olms-public@dol.gov
DOL Home > OLM	1S > EFS > Report Selection	> <u>Home Page</u>			
MAIN	Save Validate Add Attachme	ents Print Form Instructions	Help	FII	LE NUMBER:68495 < >
ITEMS 5,6 & 7	5. Any other address where	records necessary to verify th	is report will be available for examina	tion.	
ІТЕМ 8	First Name	Middle Name	Last Name	Title	
VALIDATION SUMMARY	Organization				1
			City re records necessary to verify this report in Item 5	State v ort will be available for exa	ZIP Code + 4
		hip \square Individual \square Other (S	pecify)		
	Form LM-10-Part A (2003)				

MAIN

ITEMS 5,6 & 7

ITEM 8

- -Item 8a-PART B
- -Item 8b-PART B
- -Item 8c-PART B
- -Item 8d-PART B
- -Item 8e-PART B
- -Item 8f-PART B

VALIDATION SUMMARY

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PART A Continued

8. Type of Reportable Activity Engaged In By Employer

Read the following questions and the accompanying instructions carefully. Based on the exclusion listed in the instruction, check either "Yes" or "No" for these items. The system will create corresponding PartB pages for any item you selected "Yes".

Yes (

No 🤇

Yes @

No O

Yes 🧶

No C

Yes 🤇

No O

Yes

No O

Yes 💿

No O

DURING THE FISCAL YEAR COVERED BY THIS REPORT:

- 8.a. Did you make or promise or agree to make, directly or indirectly, any payment or loan of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer, agent, shop steward, or other representative or employee of any labor organization?
- 8.b. Did you make, directly or indirectly, any payment (including reimbursed expenses) to any of your employees, or to any group or committee of your employees, for the purpose of causing them to persuade other employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees?
- 8.c. Did you make any expenditure where an object thereof, directly or indirectly, was to interfere with, restrain, or coerce employees in the right to organize and bargain collectively through representatives of their own choosing?
- 8.d. Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved?
- 8.e. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to persuade employees to exercise or not to exercise, or as to the manner of exercising, the right to organize and bargain collectively though representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement?
- 8.f. Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof, directly or indirectly, was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved; or did you make any payment pursuant to such agreement or arrangement?

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em 8a-PART B			PART B			
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em 8f-PART B	9.a. (Check all that apply)					
LIDATION	☐ Agreement ☐ Payment					
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	First Name	Middle Name		Last Name		
	P.O. Box, Bldg., Room No., if an	y Street		City	State	ZIP Code + 4
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	9.c. Position in labor organization (if an independent labor con					
	9.d. Name and address of firm o	or labor organization with wh				
	Organization		CI	ear		
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	Same as 9.b address					
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	Name	Middle Name		Last Name	,		
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P.O.	Box, Bldg., Room No., if any	Street		City		State	ZIP Code +
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9.c.	Position in labor organization or with	employer -					
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