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 CAREFULLY BEFORE E	RE PREPARING THIS REPORT. 5. Labor Organization Identifying Information
1. LM-30 File Number: U-	Name
2. Fiscal Year Covered: from through (mm/dd/yyyy)	Street address
 3. Amended Report – If this is an amended report, check here: 4. Your Contact Information 	City State ZIP
Name (first, middle, last)	File number
Street address	Officer Employee
City State ZIP	Your officer position or job title
Email address (optional)	

Complete PART A, B, or C if, during the past fiscal year, you or your spouse or minor child directly or indirectly had a reportable interest in, transaction or arrangement with, or received income, payment, or benefit from the entities described below.

PART A – REPRESENTED EMPLOYER. An employer whose employees your labor organization 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		ncluding the information contained in any accompanying
Signed	On Date (mm/dd/yyyy)	Telephone Number

File Number **U** - _____

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	
Contact nameTelephone		
Street address		
City State ZIP	12 b. Amount or value of interest, benefit, arrangement, or income	
	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