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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: 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

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. LM-30 File Number U-67364

2. Fiscal Year Covered From (mm/dd/yyyy) Through (mm/dd/yyyy)

3. Amended Report -
If this is an amended report, check here: ☐

4. Your Contact Information

First Name: Jane
Middle Name: R
Last Name: Doe

Street Address:
P.O. Box - Building and Room Number:
City:
State:
ZIP + 4:
Email Address (Optional): doe.jane@test.com

Note : 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.

15. Signature and Verification

The undersigned 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.

Signed: Date: Telephone Number:

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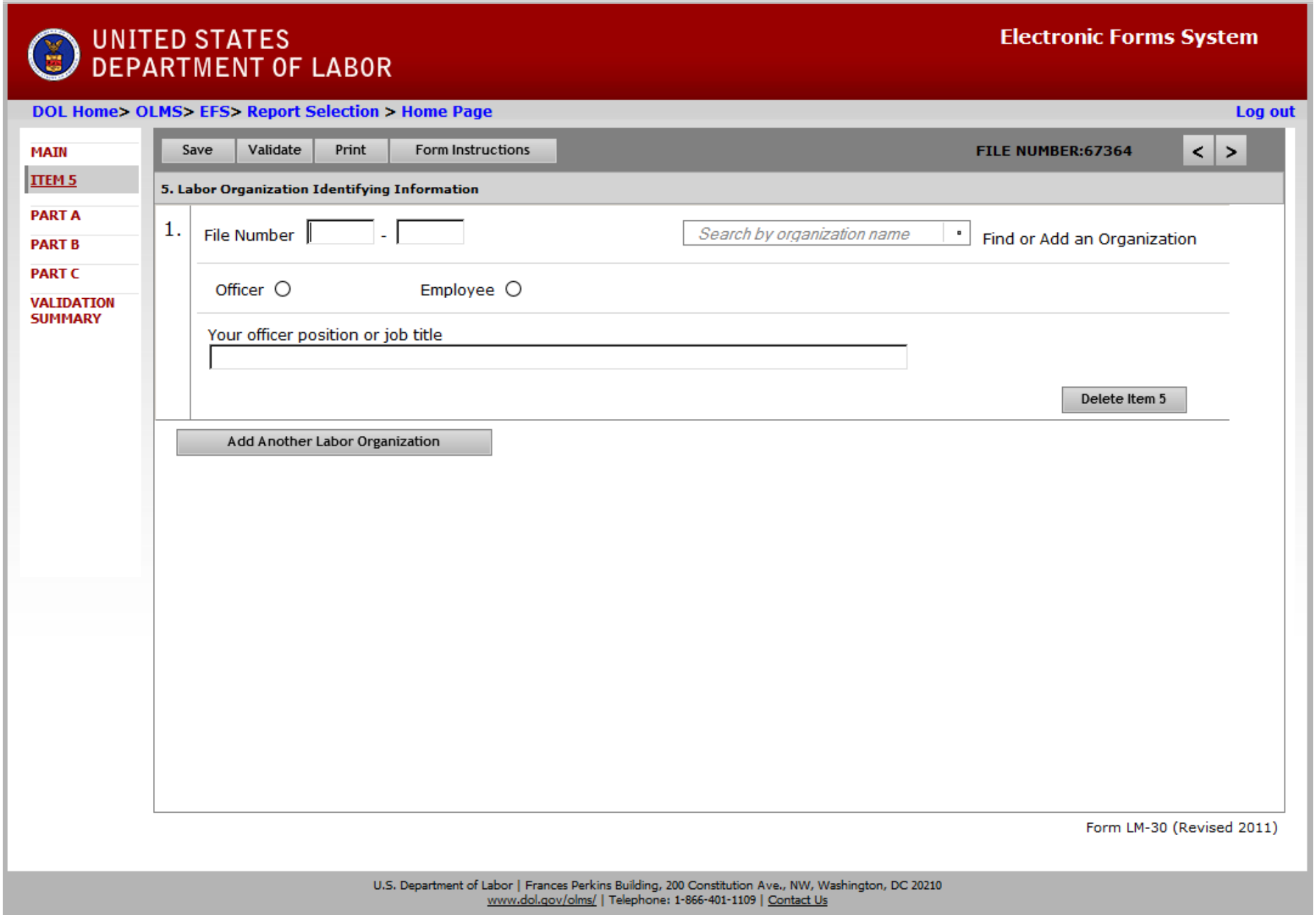
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5. Labor Organization Identifying Information
1.
File Number
Search by organization name
Find or Add an Organization
Officer
Employee
Your officer position or job title
Delete Item 5
Add Another Labor Organization
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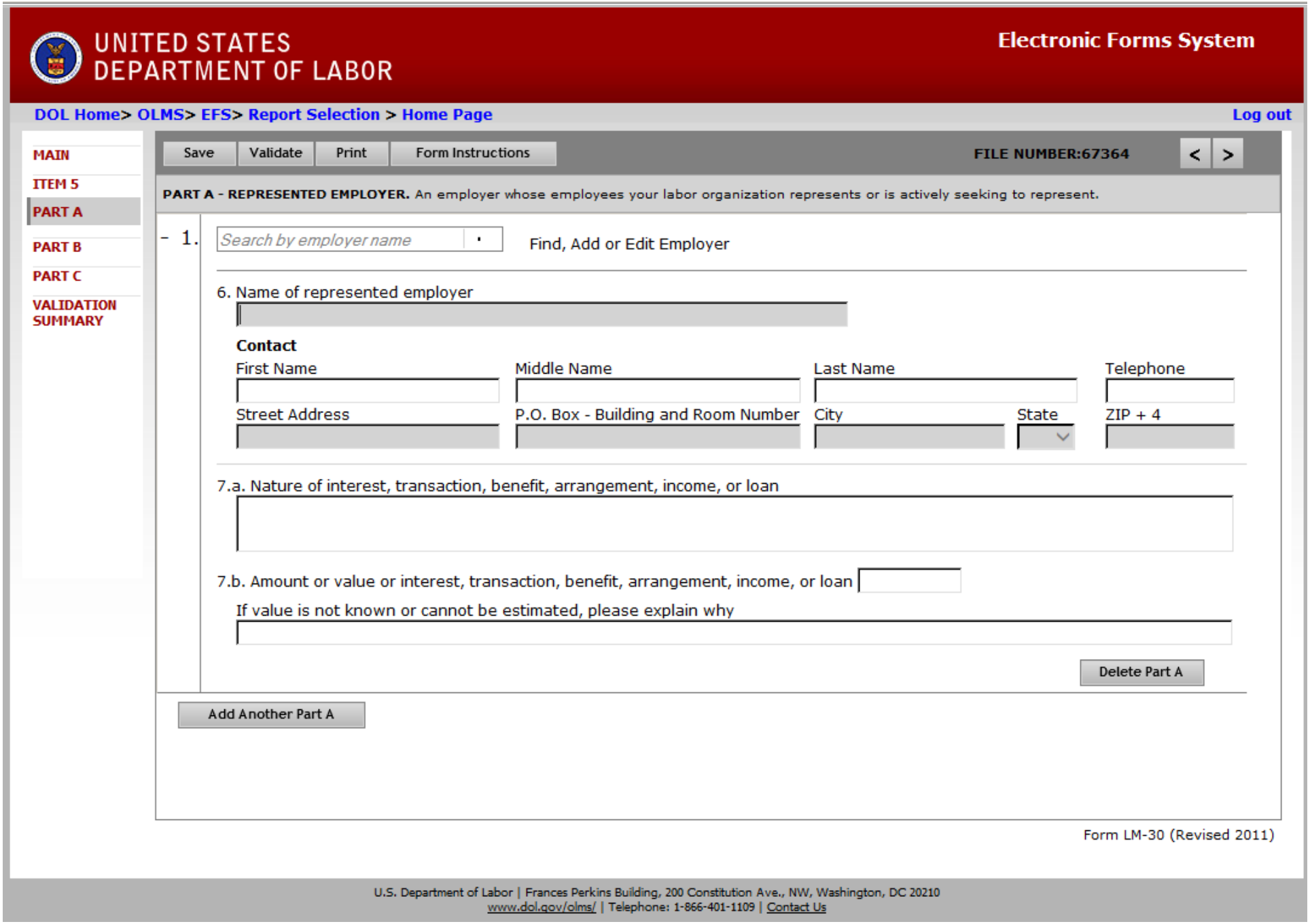
U.S. Department of Labor | Frances Perkins Building, 200 Constitution Ave., NW, Washington, DC 20210
www.dol.gov/olms/ | Telephone: 1-866-401-1109 | Contact Us

LM-30 Part A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PART A - REPRESENTED EMPLOYER. An employer whose employees your labor organization represents or is actively seeking to represent.
1.
Search by employer name
Find, Add or Edit Employer
6. Name of represented employer
Contact
First Name
Middle Name
Last Name
Telephone
Street Address
P.O. Box - Building and Room Number
City
State
ZIP + 4
7.a. Nature of interest, transaction, benefit, arrangement, income, or loan
7.b. Amount or value or interest, transaction, benefit, arrangement, income, or loan
If value is not known or cannot be estimated, please explain why
Delete Part A
Add Another Part A
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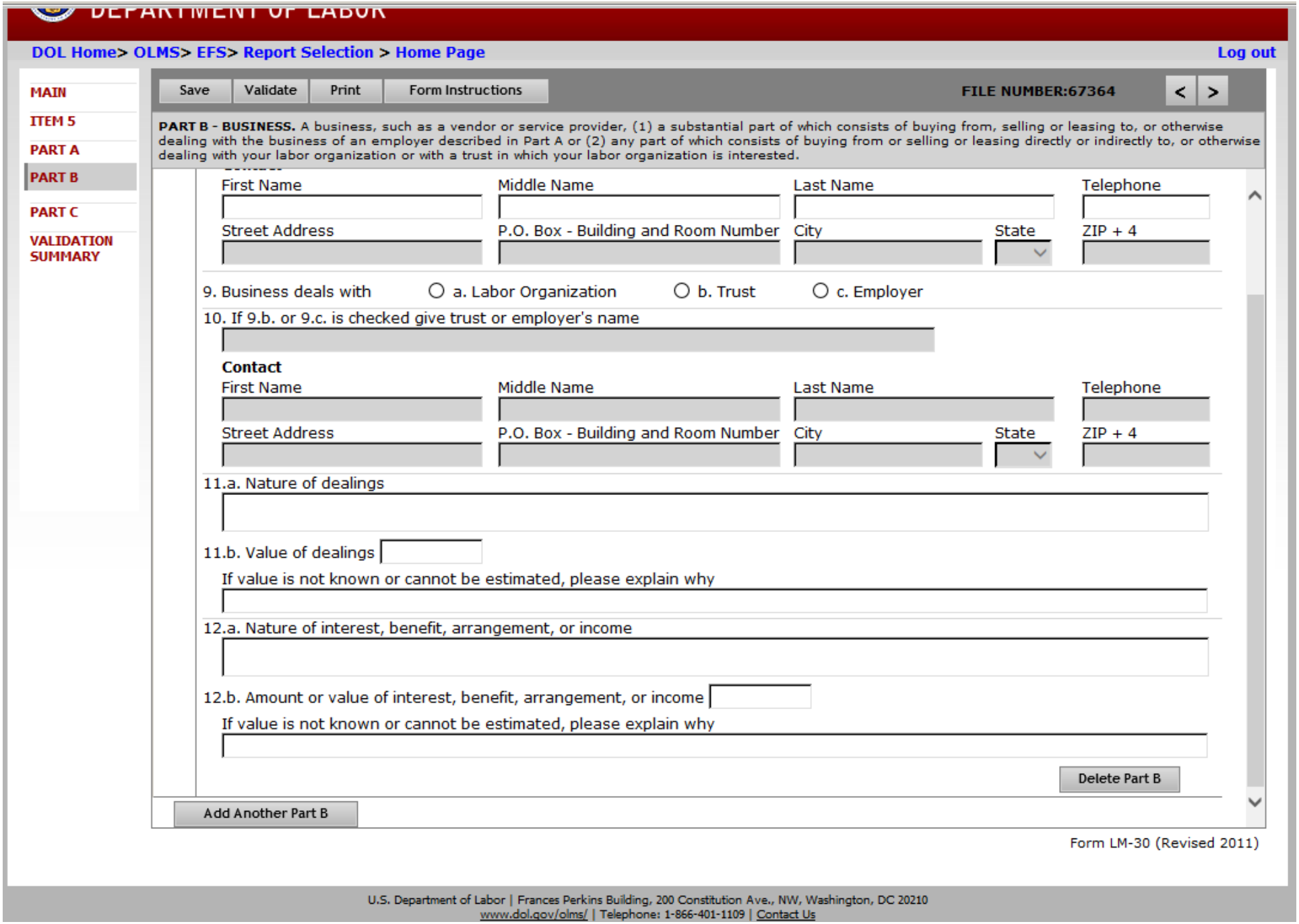

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PART B - BUSINESS. A business, such as a vendor or service provider, (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer described in Part A or (2) any part of which 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.

First Name | Middle Name | Last Name | Telephone

Street Address | P.O. Box - Building and Room Number | City | State | ZIP + 4

9. Business deals with ○ a. Labor Organization ○ b. Trust ○ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Contact

First Name | Middle Name | Last Name | Telephone

Street Address | P.O. Box - Building and Room Number | City | State | ZIP + 4

11.a. Nature of dealings

11.b. Value of dealings

If value is not known or cannot be estimated, please explain why

12.a. Nature of interest, benefit, arrangement, or income

12.b. Amount or value of interest, benefit, arrangement, or income

If value is not known or cannot be estimated, please explain why

Delete Part B

Add Another Part B

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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.

- 1. *Search by employer or labor consultant* Find, Add or Edit Other Employer or Labor Consultant

13.a. Contact information for employer or labor relations consultant

Name of employer or labor relations consultant

Contact

First Name | Middle Name | Last Name | Telephone

Street Address | P.O. Box - Building and Room Number | City | State | ZIP + 4

13.b. Type of Entity: Is this entity ○ an employer or ○ a consultant?

14.a. Nature of payment

14.b. Amount or value of payment

If value is not known or cannot be estimated, please explain why

Delete Part C

Add Another Part C

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1. You have not entered any information in Part A, Part B or Part C. Please consult the Form Instructions link above if you need help on what information must be filed for this report.

2. Item 2: Please enter the Period Covered 'From' date.

3. Item 2: Please enter the Period Covered 'Through' date.

4. Item 4: Please enter either a street address or a P.O. Box Building and Room Number.

5. Item 4: Please enter the name of the city.

6. Item 4: Please select the state. Select OO for non-U.S. territories.

7. Item 4: Please enter the zip code.

8. Item 5: Row 1, Please enter the file number of your organization in xxx-xxx format in the box provided. If you do not know the file number, you may search for the labor organization from a list by clicking on Search.

9. Item 5: Row 1, Please indicate whether you are an officer or an employee of the labor organization by checking the appropriate box.

10. Item 5: Row 1, Please enter your officer position or job title in the labor organization.

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