PAGE 1
PAGE 2
ITEM 24
STMT A & B
ADDNL INFO
VALIDATION SUMMARY

Save | Import | Add Attachments | Validate | Submit | Help | Print

U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN $250,000 IN TOTAL ANNUAL RECEIPTS

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

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED (MO DAY YEAR)	3.
E	545511	From 01/01/2017 Through 12/31/2017	(a) AMENDED - If this is an amended report, check here: ☐ (b) HARDSHIP - If filing under hardship procedures, check here: ☐ (c) TERMINAL - If this is a terminal report, check here: ☐

4.AFFILIATION OR ORGANIZATION NAME
AIR TRAFFIC CONTROLLERS AFL-CIO

5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER
LOCAL UNION	0

7. UNIT NAME (if any)
SPG

9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes ○ No ○

8. MAILING ADDRESS (Type in capital letters)

First Name	Last Name
JAMES L	BAILEY

P.O. Box - Building and Room Number (if any)

Number and Street
550 5TH AVE SE

City
ST. PETERSBURG

State	ZIP Code + 4
FL	33701

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 Section VI on penalties in the instructions.)

57. SIGNED: _____ PRESIDENT (If other title, see instructions)
Date: _____ Telephone Number: _____

58. SIGNED: _____ TREASURER (If other title, see instructions)
Date: _____ Telephone Number: _____

AI - Additional Information has been provided. Click "AI" to view or edit the text.
*AI - Additional Information must be provided for this item. Click the "AI" to enter.

Electronic Forms System

PAGE 1
PAGE 2
ITEM 24
STMT A & B
ADDNL INFO
VALIDATION SUMMARY

Save | Import | Add Attachments | Validate | Help | Print

FILE NUMBER:545511

During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? Yes ○ No ○

11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? Yes ○ No ○

12. Have a political action committee (PAC) fund? Yes ○ No ○

13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? Yes ○ No ○

14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? Yes ○ No ○

15. Discover any loss or shortage of funds or other property? (Answer "Yes" even if there has been repayment or recovery.) Yes ○ No ○

16. Have any officer who was paid $10,000 or more by your organization and also received $10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? Yes ○ No ○

17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than $10,000? Yes ○ No ○

18. Have loans totaling more than $250 to any officer, employee, or member, or make any loans to a business enterprise? Yes ○ No ○

19. How many members did your organization have at the end of the reporting period? [ ]

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? [ ]

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? (If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.) Yes ○ No ○

22. What is the date of your organization's next regular election of officers? [ ]

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

Rates of Dues and Fees

Dues/Fees	Amount		Unit	Minimum	Maximum
(a) Regular Dues/Fees		per			
(b) Initiation Fees		per			
(c) Transfer Fees		per			
(d) Work Permits		per			

If the answer to any of the above questions is "Yes," provide details in Item 56 (Additional Information) as explained in the instructions for each item.

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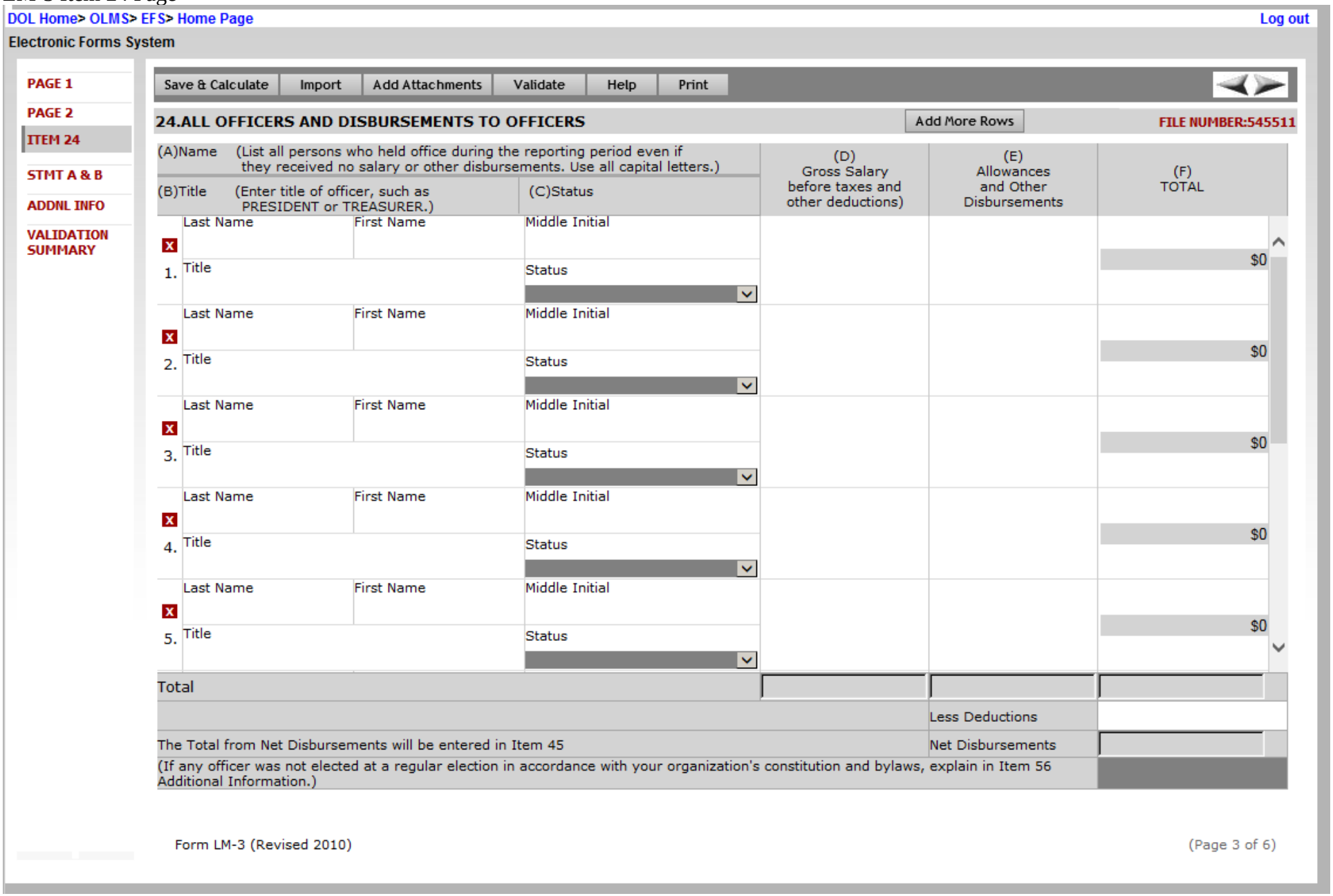
LM-3 Item 24 Page



LM-3 Statement A and B

Electronic Forms System

PAGE 1
PAGE 2
ITEM 24
STMT A & B
ADDNL INFO
VALIDATION SUMMARY

Save & Calculate | Import | Add Attachments | Validate | Help | Print

FILE NUMBER:545511

Cash Reconciliation : $0

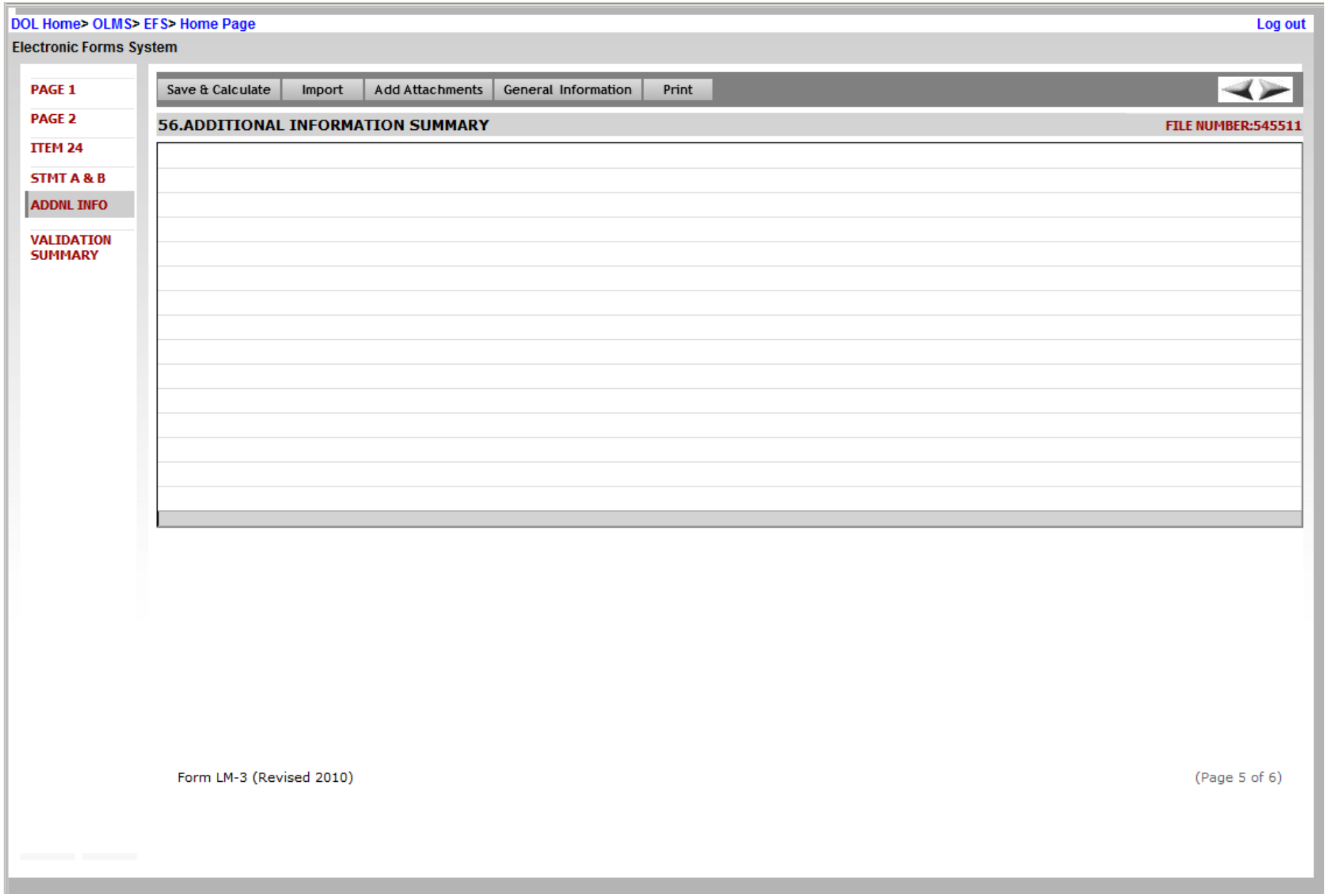
STATEMENT A - ASSETS AND LIABILITIES

ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
25. Cash			32. Accounts Payable		
26. Loans Receivable			33. Loans Payable		
27. U.S. Treasury Securities			34. Mortgages Payable		
28. Investments			35. Other Liabilities		
29. Fixed Assets			36. TOTAL LIABILITIES	$0	$0
30. Other Assets					
31. TOTAL ASSETS	$0	$0	37. NET ASSETS (Item 31 Less Item 36)	$0	$0

STATEMENT B - RECEIPTS AND DISBURSEMENTS

CASH RECEIPTS Item	AMOUNT	CASH DISBURSEMENTS Item	AMOUNT
38. Dues		45. To Officers (from Item 24)	$0
39. Per Capita Tax		46. To Employees (less deductions)	
40. Fees, Fines, Assessments & Work Permits		47. Per Capita Tax	
41. Interest & Dividends		48. Office & Administrative Expense	
42. Sale of Investments & Fixed Assets		49. Professional Fees	
43. Other Receipts		50. Benefits	
44. TOTAL RECEIPTS	$0	51. Contributions, Gifts & Grants	
If total receipts reported in Item 44 are $250,000 or more, your organization must file Form LM-2 instead of this form.		52. Purchase of Investments & Fixed Assets	
		53. Loans Made	
		54. Other Disbursements	
		55. TOTAL DISBURSEMENTS	$0

LM-3 Additional Information



LM-3 Validation Summary Page