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MAIN

ITEMS 5,6 & 7

ITEM 8

**VALIDATION
SUMMARY**

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FILE NUMBER:68495



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

**FORM LM-10
EMPLOYER 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.

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

PART A

1. File Number: E-
68495

2. Fiscal Year Covered:

From

(mm/dd/yyyy)

Through

(mm/dd/yyyy)

3. Name and address of Reporting Employer (inc. trade name, if any).

Employer

FRANCIS PERKINS EMPLOYMENT COMPANY

Trade Name

Attention To:

☐ Principal/Corresponding Officer

First Name

JAKE

Middle Name

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 different from address in Item 3.

First Name

Middle Name

Last Name

P.O. Box, Bldg., Room No., if any

Street

City

State

▼

ZIP Code +4

Signatures

Each of the undersigned, duly authorized officers of the above employer 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 VIII on penalties in the instructions.)

13.

SIGNED:

PRESIDENT

14.

SIGNED:

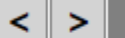
TREASURER

Office of Labor-Management Standards - OLMS[OLMS HOME](#)[OLMS Reports ▾](#)[User Guides/FAQs ▾](#)

EFS Helpdesk: 1-866-401-1109 | TTY: 1-877-4-889-5627

Email: olms-public@dol.gov[DOL Home](#) > [OLMS](#) > [EFS](#) > [Report Selection](#) > [Home Page](#)**MAIN****ITEMS 5,6 & 7****ITEM 8****VALIDATION
SUMMARY**[Save](#) [Validate](#) [Add Attachments](#) [Print](#) [Form Instructions](#) [Help](#)

FILE NUMBER:68495



5. Any other address where records necessary to verify this report will be available for examination.

First Name

Middle Name

Last Name

Title

Organization

P.O. Box,Bldg.,Room No.,if any

Street

City

State

ZIP Code + 4

6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination.

☐ Address in Item 3 ☐ Address in Item 4 ☐ Address in Item 5

7. Type of organization

☐ Corporation ☐ Partnership ☐ Individual ☐ Other (Specify)

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".

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?

Yes ☒
No ☐

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?

Yes ☒
No ☐

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?

Yes ☒
No ☐

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?

Yes ☒
No ☐

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 through representatives of their own choosing; or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement?

Yes ☒
No ☐

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?

Yes ☒
No ☐

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?

PART B

New LM-10 Part B

Saved Part Bs : ---

Complete a separate Part B for every person or organization with whom a reportable agreement was made.

Search by organization name



9.a. (Check all that apply)

☐ Agreement ☐ Payment

9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.

First Name	Middle Name	Last Name		
P.O. Box, Bldg., Room No., if any	Street	City	State	ZIP Code + 4

9.c. Position in labor organization or with employer
(if an independent labor consultant, so state).

9.d. Name and address of firm or labor organization with whom employed or affiliated.

Clear

Organization

☐ Same as 9.b address

P.O. Box, Bldg., Room No., if any	Street	City	State	ZIP Code + 4

10.a. Date of the promise, agreement or
arrangement pursuant to which
payments or expenditures were agreed
to or made☐ Check if the payment is unrelated
to an agreement or arrangement10.b. The promise, agreement, or arrangement was:
(Check all that apply)☐ Oral ☐ Written(Written agreements entered into during the fiscal year
must be attached.)11.a. Date of each payment
or expenditure
(mm/dd/yyyy)11.b. Amount of each
payment or expenditure11.c. Kind of each payment or expenditure (specify whether
payment or loan, and whether in cash or property)

Add More Item 11

x 1.			
x 2.			
x 3.			
x 4.			
x 5.			

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.

Delete Part B

Total Number of Part B's Added

1



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?

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P.O. Box, Bldg., Room No., if any	Street	City
		State
		ZIP Code + 4

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9.d. Name and address of firm or labor organization with whom employed or affiliated.

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Organization

☐ Same as 9.b address

P.O. Box, Bldg., Room No., if any	Street	City	State	ZIP Code + 4

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☐ Check if the payment is unrelated to an agreement or arrangement

10.b. The promise, agreement, or arrangement was:

(Check all that apply)

☐ Oral ☐ Written

(Written agreements entered into during the fiscal year must be attached.)

11.a. Date of each payment or expenditure
(mm/dd/yyyy)

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P.O. Box, Bldg., Room No., if any	Street	City	State	ZIP Code + 4
				

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9.a. (Check all that apply)

☐ Agreement ☐ Payment

9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.

First Name	Middle Name	Last Name		
R.O. Box, Bldg., Room No., if any	Street	City	State	ZIP Code + 4
			▼	

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Clear

Organization				
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Add More Item 11

x 1.			
x 2.			
x 3.			
x 4.			
x 5.			

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Search by organization name or person's name 🔍

9.a. (Check all that apply)

☐ Agreement ☐ Payment

9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.

First Name	Middle Name	Last Name		
P.O. Box, Bldg., Room No., if any	Street	City	State	ZIP Code + 4
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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**

Print

Form Instructions

FILE NUMBER:68495



VALIDATION SUMMARY PAGE

- 1.Item 2: Please enter the Fiscal Year Covered From date.
- 2.Item 2: Please enter the Fiscal Year Covered Through date.
- 3.Item 4: Please enter the name and address of the President or the corresponding principal officer.
- 4.Item 6 & 7 cannot be blank.
- 5.You have not entered any information in 8a. Please enter data for each reportable activity.
- 6.You have not entered any information in 8b. Please enter data for each reportable activity.
- 7.You have not entered any information in 8c. Please enter data for each reportable activity.
- 8.You have not entered any information in 8d. Please enter data for each reportable activity.
- 9.You have not entered any information in 8e. Please enter data for each reportable activity.
- 10.You have not entered any information in 8f. Please enter data for each reportable activity.