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

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE ANNUAL REPORT

Form Approved
Office of Management
and Budget
No. 1215-0188
Expires 12/31/2010

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 | THIS REPORT. YOU | J ARE NOT REQU VED A PAYMENT | JIRED TO FILE TH , ENGAGED IN AN | IS REPORT UNLES IY TRANSACTIONS | PAGES 14 - 18), BEFORE PREPARING S YOU, YOUR SPOUSE, OR MINOR OR ARRANGEMENTS OR HELD AN S (PAGES 1 - 9). | | |
|----------------------------------|-------------------------|---------------------------------|-------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------|------------|
| E | | | PART | Α | | | |
| | 2. PERIO | DD COVERED: | | | 4. LABOR ORGANIZATION IDENTIF | YING INFO | RMATION: |
| 1. LM-30 FILE NUMBER: U - | | Month/Day/Year (mm/dd/yyyy) | | Month/Day/Year (mm/dd/yyyy) | A. NAME | | |
| | FROM | / / | THROUGH | 1 1 | | | |
| | | | | | B. MAILING ADDRESS (LINE 1) | | |
| 3. CONTACT INFORMATION OF | REPORTING PERSO | N: | | | | | |
| A. FIRST NAME | B. MIDDLE NAME | | C. LAST NAME | | C. MAILING ADDRESS (LINE 2) | | |
| D. MAII INO ADDDESO (LINE 4) | | | | | D. O.T. | | Lancone |
| D. MAILING ADDRESS (LINE 1) | | | | | D. CITY | STATE | ZIP CODE |
| E. MAILING ADDRESS (LINE 2) | | | | | E. FILE NUMBER | | |
| F. CITY | | G. STATE | H. ZIP CODE | | F. OFFICER EMPLOYEE | | |
| | | | | | G. YOUR OFFICER POSITION OR JOB T | TITLE | |
| I. EMAIL ADDRESS (optional) | | | | | | | |
| | | | | | H. DID YOU HOLD THIS POSITION OR J THE REPORTING PERIOD? YE | | THE END OF |
| 5. SUMMARY (FROM ATTACHED | PART B) | | | | | | |
| A. TOTAL REPORTED INCOME OR (| OTHER PAYMENTS (tota | al from Schedule 2 | 2, Item F, Column (1 |) of each Part B) | | | \$ |
| B. TOTAL REPORTED ASSETS (total | from Schedule 2, Item F | , Column (2) of ea | ch Part B) | | | | \$ |
| | ANY ACCOMPANYING I | | | | THAT ALL OF THE INFORMATION SUBMIT DRY AND IS, TO THE BEST OF THE UNDER | | |
| 8. SIGNED | | | | | ON / / / Date (mm/dd/yyyy) Telephone | Number | _ |

| LM-30 File Number U - | LM-3 | 0 File | Number | U - | _ | |
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|------------------------------|------|--------|--------|-----|---|--|

EMPLOYER or BUSINESS RELATIONSHIPS

6. EMPLOYER RELATIONSHIPS

Generally, you must complete Schedules 1, 2, and 3 of Part B, as fully explained in the instructions, if you, your spouse, or minor child had an arrangement or engaged in a transaction with, or held an interest in, or received income or other payment from (including any reimbursed expenses), or made loans to or received loans from, an employer or a labor relations consultant to an employer that meets any of the following conditions:

- An employer whose employees your labor organization represents or is actively seeking to represent; or
- An employer in competition with an employer whose employees your labor organization represents or is actively seeking to represent; or
- An employer that is a trust in which your labor organization is interested as defined in section 3(I) of the LMRDA; or
- An employer that is a non-profit organization that receives or is actively and directly soliciting (other than by mass mail, telephone bank, or mass media) money, donations or contributions from your labor organization; or
- An employer that is a labor organization that (1) has employees your union represents or is actively seeking to represent, (2) has employees in the same occupation as those represented by your union; (3) claims jurisdiction over work that is also claimed by your union; (4) is a party to or will be affected by any proceeding in which you have voting authority or other ability to influence the outcome of the proceeding; or (5) has made a payment to you for the purpose of influencing the outcome of an internal union election; or
- An employer that has made a payment to you for any of the following purposes: (1) not to organize employees; (2) to influence employees in any way with respect to their rights to organize; (3) to take any action with respect to the status of employees or others as members of a labor organization; (4) to take any action with respect to bargaining or dealing with employers whose employees your organization represents or is actively seeking to represent; or (5) to influence the outcome of an internal union election; or
- An employer whose interests are in actual or potential conflict with the interests of your labor organization or your duties to your labor organization.

Before proceeding, review Part II of the instructions (pages 1-9) to determine if any reporting exceptions apply to your situation. If the above conditions exist and none of the exceptions apply, then you must complete a separate Part B for each employer or labor relations consultant to an employer.

7. BUSINESS RELATIONSHIPS

Generally, you must complete Schedules 1, 2, and 4 of Part B, as fully explained in the instructions, if you, your spouse, or minor child had an arrangement or engaged in a transaction with, or held an interest in, or received income or other payment from (including any reimbursed expenses), or made loans to or received loans from, a business, such as a goods vendor or service provider, that meets any of the following conditions:

- A substantial part of its business consists of buying or selling or otherwise dealing with an employer whose employees your labor organization represents or is actively seeking to represent; or
- Any part of its business consists of buying or selling or otherwise dealing with your labor organization; or
- Any part of its business consists of buying or selling or otherwise dealing with a trust in which your labor organization is interested.

Before proceeding, review Part II of the instructions (pages 1-9) to determine if any reporting exceptions apply to your situation. If the above conditions exist and none of the exceptions apply, then you must complete a separate Part B for each business.

| a. DO YOU HAVE ANY OF THESE RELATIONSHIPS WITH A BUSINESS? | ? YES NO |
|------------------------------------------------------------|----------|
| b. If yes, record the number of businesses: | |

If you answer "No" to both Item 6a and Item 7a, you are not required to file Form LM-30.

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| LIVI-3 | o File Numbel | r: U | | | | | | NO: _ | |
|------------------|-------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------|
| | | | | | PART B | | | | |
| SCI | HEDULE 1 - | - EMPLOYER | OR BUSINESS IDE | ENTIFYING INF | FORMATION (all filers must co | omplete) | | | |
| Provi | de the following ore than one em | g information regard nployer, labor relation | ing the employer, labor rel | lations consultant to oyer, or business me | an employer, or business that met the the conditions identified in Item 6 or | e conditions identified i Item 7, you must comp | in Item 6 or Item olete a separate I | 7. Part B for | each one.) |
| A. LE | GAL NAME OF E | MPLOYER, BUSINES | SS OR LABOR RELATIONS (| CONSULTANT | ☐ Employer ☐ Labor Relatio | Business I. ons Consultant | TELEPHONE NUM | IBER | |
| B. CC | NTACT FIRST N | AME | C. CONTACT MIDDLE NAM | ΛE | D. CONTACT LAST NAME | J. WEB SIT | E ADDRESS | | |
| E. MA | AILING ADDRESS | S (LINE 1) | | MAILING ADDRESS | S (LINE 2) | RELATIO | YOUR SPOUSE, NSHIP WITH THE ELATIONS CONSI | EMPLOYE | R, BUSINESS OF |
| F. CI | ΓΥ | | | G. STATE | H. ZIP CODE | | ORTING PERIOD? | | THE LIND OF |
| Provior the exce | V de the informati e business iden | VITH EMPLOY ion required below a tified in Schedule 1. the date of the repo | YER OR BUSINESS about interests in, paymen Review Part II of the instr | S AND PAYME ats from, loans to or ructions (pages 1-9) | LOANS TO OR FROM, AND NTS FROM A LABOR RELA from, and transactions or arrangement to determine the reportability of a parate of arrangement or transaction), the | ATIONS CONSU ts with the employer or ticular payment or inter | LTANT (all find the labor relations of the labor relations of the applications of the labor the | ilers mu consultant icability of | ist complete to an employer any reporting |
| | A. DATE | B. OFFICER, EMPLOYEE, SPOUSE, | | | | | | | |
| Ex | Employer | MINOR CHILD | DESCRIPTION | N OF INTEREST, PA | C. AYMENT, LOAN, TRANSACTION, OF | R ARRANGEMENT | INCO | LUE OF DME OR THER MENTS |). (2) VALUE OF ASSET |
| | Example 02/03/2007 | | | | | | ÍNCO OT PAYI | LUE OF OME OR THER | (2) VALUE OF |
| Ex | | MINOR CHILD | I received 298 hours of un | ion leave payments fro | AYMENT, LOAN, TRANSACTION, OF | | ÍNCO OT PAYI | LUE OF OME OR THER MENTS | (2) VALUE OF |
| Ex | 02/03/2007 Business Example | MINOR CHILD Employee | I received 298 hours of uni My husband owns 100% o | ion leave payments fro | AYMENT, LOAN, TRANSACTION, OF | ievances | INCO OT PAYI | LUE OF OME OR THER MENTS | (2) VALUE OF ASSET |

E. TOTAL FROM SCHEDULE 2 CONTINUATION PAGES (IF ANY)

F. TOTAL OF COLUMNS D(1) AND D(2)

| No: | of | | |
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SCHEDULE 3 - EMPLOYER'S RELATIONSHIP WITH YOUR LABOR ORGANIZATION (Complete for employers only, that is, if you answered "yes" to Item 6a on page 2.)

Under Part A, check the box (and letter, where appropriate) that correctly describes the nature of the employer's relationship with your labor organization. Under Part B, provide details describing the relationship. If you received a reportable payment from a labor relations consultant to an employer, answer these questions with respect to the employer.

| | • |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| A. EMPLOYER'S RELATIONSHIP | |
| 1. The employer employees that your labor organization represents or is actively seeking to represent. | |
| 2. The employer is in competition with an employer whose employees your union represents or is actively seeking to represent. | |
| 3. The employer is a trust in which your labor organization is interested as defined in section 3(I) of the LMRDA. | |
| 4. The employer is a non-profit organization that receives or is actively and directly soliciting (other than by direct mail, telephone bank, or mass media) mone | ey, donations or |
| contributions from your labor organization. | |
| 5. The employer is a labor union that: | |
| a has employees your union represents or is actively seeking to represent; | |
| b has employees in the same occupation as those represented by your union; | |
| c claims jurisdiction over work that is also claimed by your union; | |
| d is a party to or will be affected by any proceeding in which you have voting authority or other ability to influence the outcome of the proceeding; or | |
| e has made a payment to you for the purpose of influencing the outcome of an internal union election. | |
| 6. The employer has made payments to you for any of the following purposes: | |
| a not to organize employees; | |
| b to influence employees in any way with respect to their right to organize; | |
| c to take any action with respect to the status of employees or others as members of a labor organization; | |
| d to take any action with respect to bargaining or dealing with employers whose employees your organization represents or is actively seeking to represent | present; or |
| e to influence the outcome of an internal union election. | |
| 7. The employer's interests are in actual or potential conflict with the interests of your labor organization or your duties to your labor organization. | |
| | |
| B. PROVIDE DETAILS OF THE EMPLOYER'S RELATIONSHIP WITH YOUR LABOR ORGANIZATION AND SET FORTH THE DOLLAR VALUE OF ANY PAYME | |
| OTHER TRANSACTIONS BETWEEN THE EMPLOYER AND THE LABOR ORGANIZATION. IF THERE ARE NO PAYMENTS OR TRANSACTIONS WITH A MORE OF IF YOU DO NOT KNOW AND CANNOT ESTIMATE THE VALUE, ENTER N/A AND EXPLAIN IN THE ADDITIONAL INFORMATION SCHEDULE. | MONETARY VALUE, |
| | |
| (For example, if you checked Box 7, the description might read "Local Union ABC paid annual premiums to HealthCare PrePaid, Inc., a not-for-profit health insurance company, in return for insurance coverage for members of Local Union ABC.") | |
| B(1 | I). Value (if applicable) |
| \$ | 125,000 |

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| 140. | 0. | | |

SCHEDULE 4 - BUSINESS'S DEALINGS WITH UNION(S), TRUST(S), OR EMPLOYER(S) (Complete for businesses only, that is, if you answered "yes" to Item 7a on page 2.)

Enter the legal name of the entity with which the business deals in Column (A); Indicate whether the entity is a union, trust, or employer in Column (B); Enter its file number, if known, in Column (C); Describe in detail the nature of the dealings between the entity and the business in Column (D); Enter the value of such dealings between the entity and the business in Column (E). If the exact value is not known and cannot be estimated, enter "N/A" and explain the situation in the Additional Information Schedule.

| A. NAME OF UNION, TRUST OR EMPLOYER | B. UNION/TRUST/ EMPLOYER | C. FILE NUMBER | D. DESCRIPTION OF DEALINGS | E. VALUE |
|--------------------------------------|--------------------------------|----------------------|---------------------------------------------------------------------------------------------|-------------|
| Example - Local XYZ | Union | 345-678 | Cleaning Servicers, Inc. contracted with Local XYZ to clean its office space once per month | \$960 |
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ITEM 4 CONTINUATION PAGE

LABOR ORGANIZATIONS IN WHICH THE REPORTING PERSON IS AN OFFICER OR EMPLOYEE

| 4. LABOR ORGANIZATION IDENTIFYI | NG INFOF | RMATION: | 4. LABOR ORGANIZATION IDENTIFY | ING INFOF | RMATION: |
|----------------------------------------------------------------------|----------|------------|--------------------------------------------------------------|------------|------------|
| A. NAME | | | A. NAME | | |
| B. MAILING ADDRESS (LINE 1) | | | B. MAILING ADDRESS (LINE 1) | | |
| C. MAILING ADDRESS (LINE 2) | | | C. MAILING ADDRESS (LINE 2) | | |
| D. CITY | STATE | ZIP CODE | D. CITY | STATE | ZIP CODE |
| E. FILE NUMBER | | | E. FILE NUMBER | | |
| F. OFFICER EMPLOYEE | | | F. OFFICER EMPLOYE | E | |
| G. YOUR OFFICER POSITION OR JOB TIT | LE | | G. YOUR OFFICER POSITION OR JOB TI | TLE | |
| H. DID YOU HOLD THIS POSITION OR JOI THE REPORTING PERIOD? YES | | | H. DID YOU HOLD THIS POSITION OR JO THE REPORTING PERIOD? | | |
| 4. LABOR ORGANIZATION IDENTIFYI | NG INFOR | RMATION: | 4. LABOR ORGANIZATION IDENTIFY | 'ING INFOR | RMATION: |
| A. NAME | | | A. NAME | | |
| B. MAILING ADDRESS (LINE 1) | | | B. MAILING ADDRESS (LINE 1) | | |
| C. MAILING ADDRESS (LINE 2) | | | C. MAILING ADDRESS (LINE 2) | | |
| D. CITY | STATE | ZIP CODE | D. CITY | STATE | ZIP CODE |
| E. FILE NUMBER | | <u> </u> | E. FILE NUMBER | | |
| F. OFFICER EMPLOYEE | | | F. OFFICER EMPLOYEE | | |
| G. YOUR OFFICER POSITION OR JOB TIT | LE | | G. YOUR OFFICER POSITION OR JOB TO | TLE | |
| H. DID YOU HOLD THIS POSITION OR JOI THE REPORTING PERIOD? YES | _ | THE END OF | H. DID YOU HOLD THIS POSITION OR JO THE REPORTING PERIOD? | | THE END OF |

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SCHEDULE 2 CONTINUATION PAGE

SCHEDULE 2 - FILER'S INTERESTS IN, PAYMENTS FROM, LOANS TO OR FROM, AND TRANSACTIONS WITH EMPLOYER OR BUSINESS AND PAYMENTS FROM A LABOR RELATIONS CONSULTANT (all filers must complete)

Provide the information required below about interests in, payments from, loans to or from, and transactions or arrangements with the employer or labor relations consultant to an employer or the business identified in Schedule 1. Review Part II of the instructions (pages 1-9) to determine the reportability of a particular payment or interest and the applicability of any reporting exceptions. Include the date of the reportable matter (typically the date of receipt or date of arrangement or transaction), the recipient (you, your spouse, or minor child), a description of the matter, and its value.

| A. | В. | C. | |). |
|------|-----------------------|---------------------------------------------------------------------|---------------------------|-----------------------|
| | OFFICER, EMPLOYEE, | | (1) VALUE OF INCOME OR | (2) VALUE OF ASSET |
| DATE | SPOUSE, | DESCRIPTION OF INTEREST, PAYMENT, LOAN, TRANSACTION, OR ARRANGEMENT | OTHER | ASSLI |
| | MINOR CHILD | | PAYMENTS | |
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| | | E. TOTAL OF COLUMNS D(1) and D(2) FOR THIS PAGE | | |

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SCHEDULE 4 CONTINUATION PAGE

SCHEDULE 4 - BUSINESS'S DEALINGS WITH UNION(S), TRUST(S), OR EMPLOYER(S) - CONTINUATION PAGE (Complete for businesses only, that is, if you answered "yes" to Item 7a.)

Enter the legal name of the entity with which the business deals in Column (A); Indicate whether the entity is a union, trust, or employer in Column (B); Enter its file number, if known, in Column (C); Describe in detail the nature of the dealings between the entity and the business in Column (D); Enter the value of such dealings between the entity and the business in Column (E). If the exact value is not known and cannot be estimated, enter "N/A" and explain the situation in the Additional Information Schedule.

| | A. B. C. D. E. | | | E. | |
|---|----------------------------------|--------------------------|----------------|---------------------------------------------------------------------------------------------|-------|
| | NAME OF UNION, TRUST OR EMPLOYER | UNION/TRUST/ EMPLOYER | FILE NUMBER | DESCRIPTION OF DEALINGS | VALUE |
| | Example - Local XYZ | Union | 345-678 | Cleaning Servicers, Inc. contracted with Local XYZ to clean its office space once per month | \$960 |
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ADDITIONAL INFORMATION SCHEDULE

| Enter schedule and item number for each additional information entry | | |
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