



## 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(l) 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.

a. **DO YOU HAVE ANY OF THESE RELATIONSHIPS WITH EMPLOYERS OR LABOR RELATIONS CONSULTANTS?** YES  NO

b. If yes, record the number of employers and consultants: \_\_\_\_\_

### 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.**

## PART B

### SCHEDULE 1 - EMPLOYER OR BUSINESS IDENTIFYING INFORMATION (all filers must complete)

Provide the following information regarding the employer, labor relations consultant to an employer, or business that met the conditions identified in Item 6 or Item 7. (If more than one employer, labor relations consultant to an employer, or business met the conditions identified in Item 6 or Item 7, you must complete a separate Part B for each one.)

A. LEGAL NAME OF EMPLOYER, BUSINESS OR LABOR RELATIONS CONSULTANT				<input type="checkbox"/> Employer	<input type="checkbox"/> Business	I. TELEPHONE NUMBER	
				<input type="checkbox"/> Labor Relations Consultant			
B. CONTACT FIRST NAME	C. CONTACT MIDDLE NAME	D. CONTACT LAST NAME		J. WEB SITE ADDRESS			
E. MAILING ADDRESS (LINE 1)		MAILING ADDRESS (LINE 2)			K. DID YOU, YOUR SPOUSE, OR MINOR CHILD HAVE A RELATIONSHIP WITH THE EMPLOYER, BUSINESS OR LABOR RELATIONS CONSULTANT AT THE END OF THE REPORTING PERIOD?  YES <input type="checkbox"/> NO <input type="checkbox"/>		
F. CITY		G. STATE	H. ZIP CODE				

### SCHEDULE 2 - FILER'S INTERESTS IN, PAYMENTS FROM, LOANS TO OR FROM, AND TRANSACTIONS OR ARRANGEMENTS 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. DATE	B. OFFICER, EMPLOYEE, SPOUSE, MINOR CHILD	C. DESCRIPTION OF INTEREST, PAYMENT, LOAN, TRANSACTION, OR ARRANGEMENT	D.	
				(1) VALUE OF INCOME OR OTHER PAYMENTS	(2) VALUE OF ASSET
Ex	Employer Example 02/03/2007	Employee	I received 298 hours of union leave payments from my employer for time spent handling grievances	\$4,200	
Ex	Business Example 12/31/2007	Spouse	My husband owns 100% of Cleaning Services, Inc. which clean my local's office		\$100,000
Ex	Business Example 10/15/2007	Officer	Golfing weekend received from XYZ Inc. which is seeking to become a service provider for my union's pension plan	\$500	
E. TOTAL FROM SCHEDULE 2 CONTINUATION PAGES (IF ANY)					
F. TOTAL OF COLUMNS D(1) AND D(2)					

**PART B****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 employs 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(l) 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) money, 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; 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 PAYMENTS OR OTHER TRANSACTIONS BETWEEN THE EMPLOYER AND THE LABOR ORGANIZATION. IF THERE ARE NO PAYMENTS OR TRANSACTIONS WITH A MONETARY VALUE, OR IF YOU DO NOT KNOW AND CANNOT ESTIMATE THE VALUE, ENTER N/A AND EXPLAIN IN THE ADDITIONAL INFORMATION SCHEDULE.**

(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). Value (if applicable)

\$ 125,000
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**ITEM 4 CONTINUATION PAGE**

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

4. LABOR ORGANIZATION IDENTIFYING INFORMATION:

A. NAME		
B. MAILING ADDRESS (LINE 1)		
C. MAILING ADDRESS (LINE 2)		
D. CITY	STATE	ZIP CODE
E. FILE NUMBER		
F. OFFICER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/>		
G. YOUR OFFICER POSITION OR JOB TITLE		
H. DID YOU HOLD THIS POSITION OR JOB TITLE AT THE END OF THE REPORTING PERIOD? YES <input type="checkbox"/> NO <input type="checkbox"/>		

4. LABOR ORGANIZATION IDENTIFYING INFORMATION:

A. NAME		
B. MAILING ADDRESS (LINE 1)		
C. MAILING ADDRESS (LINE 2)		
D. CITY	STATE	ZIP CODE
E. FILE NUMBER		
F. OFFICER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/>		
G. YOUR OFFICER POSITION OR JOB TITLE		
H. DID YOU HOLD THIS POSITION OR JOB TITLE AT THE END OF THE REPORTING PERIOD? YES <input type="checkbox"/> NO <input type="checkbox"/>		

4. LABOR ORGANIZATION IDENTIFYING INFORMATION:

A. NAME		
B. MAILING ADDRESS (LINE 1)		
C. MAILING ADDRESS (LINE 2)		
D. CITY	STATE	ZIP CODE
E. FILE NUMBER		
F. OFFICER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/>		
G. YOUR OFFICER POSITION OR JOB TITLE		
H. DID YOU HOLD THIS POSITION OR JOB TITLE AT THE END OF THE REPORTING PERIOD? YES <input type="checkbox"/> NO <input type="checkbox"/>		

4. LABOR ORGANIZATION IDENTIFYING INFORMATION:

A. NAME		
B. MAILING ADDRESS (LINE 1)		
C. MAILING ADDRESS (LINE 2)		
D. CITY	STATE	ZIP CODE
E. FILE NUMBER		
F. OFFICER <input type="checkbox"/> EMPLOYEE <input type="checkbox"/>		
G. YOUR OFFICER POSITION OR JOB TITLE		
H. DID YOU HOLD THIS POSITION OR JOB TITLE AT THE END OF THE REPORTING PERIOD? YES <input type="checkbox"/> NO <input type="checkbox"/>		







**ADDITIONAL INFORMATION SCHEDULE**

Enter schedule and item number for each additional information entry