

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form Approved
Office of Management and Budget
No: 1245-0003
Expires: 08-31-2016

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.

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PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. LM-30 File Number: U- 68192

2. Fiscal Year Covered: from 07/03/2017 through 07/02/2018
(mm/dd/yyyy) (mm/dd/yyyy)

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

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4. Your Contact Information

Name (first,middle,last)	Roger	Peter
Street address	tcsville tcsville	
City	tcscity	State TX ZIP 02740
Email address (optional)	roger@peter.com	

5. Labor Organization Identifying Information

Name	SCREEN ACTORS AAAA AFL-CIO		
Street address	5757 WILSHIRE BLVD STE 800		
City	LOS ANGELES	State	CA ZIP 90036-3600
File Number	512-430		
Officer	<input checked="" type="checkbox"/>	Employee	<input type="checkbox"/>
Your officer position or job title	TCS		

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.

PART A - REPRESENTED EMPLOYER. An employer whose employees your labor organization represents or is actively seeking to represent.

6. Name of represented employer	AAA UNIFORM LINEN SUPPLY	7.a. Nature of interest, transaction, benefit, arrangement, income, or loan www
Contact name	Roger Peter Telephone 503-791-3179	
Street address	4120 TRUMAN ROAD	
City	KANSAS CITY State MO ZIP 64127	
		7.b. Amount or value or interest, transaction, benefit, arrangement, income, or loan \$0

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 Peter Pan On 07/09/2018 Telephone Number 401-281-9711
Date(mm/dd/yyyy)

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.

<p>8. Name of business <u>AAA UNIFORM LINEN SUPPLY</u></p> <p>Contact name <u>Roger Peter</u> Telephone <u>503-791-3179</u></p> <p>Street address <u>4120 TRUMAN ROAD</u></p> <p>City <u>KANSAS CITY</u> State <u>MO</u> ZIP <u>64127</u></p>	<p>11.a. Nature of dealings aaa</p>
<p>9. Business deals with <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer</p>	<p>11.b. Value of dealings \$0</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name _____</p> <p>Contact name _____ Telephone _____</p> <p>Street address _____</p> <p>City _____ State _____ ZIP _____</p>	<p>12.a. Nature of interest, benefit, arrangement, or income aaa</p> <p>12.b. Amount or value of interest, benefit, arrangement, or income \$0</p>

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.

<p>13.a. Contact information for employer or labor relations consultant</p> <p>Name of employer or labor relations consultant <u>AAA UNIFORM LINEN SUPPLY</u></p> <p>Contact name <u>Roger Peter</u> Telephone <u>503-791-3179</u></p> <p>Mailing address <u>4120 TRUMAN ROAD</u></p> <p>City <u>KANSAS CITY</u> State <u>MO</u> ZIP <u>64127</u></p>	<p>14.a. Nature of payment aaa</p>
<p>13.b. Type of Entity: Is the entity <input type="checkbox"/> an employer or <input checked="" type="checkbox"/> a consultant?</p>	<p>14.b. Amount or value of payment \$0</p>

