

FORM LM-10
EMPLOYER REPORT

Form Approved
Office of Management and Budget

No: 1245-0003
Expires: 1/31/25

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

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PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Part A

1. File Number: E- 70749	2. Fiscal Year Covered From:	Month/Day/Year (mm/dd/yyyy) 01/01/2023	Through:	Month/Day/Year (mm/dd/yyyy) 05/31/2023
3. Name and address of Reporting Employer (inc. trade name, if any). Employer: UMW	4. Name and address of President or corresponding principal officer, if different from address in Item 3. Name : Orson Bailey			
Trade Name: Union for Medical Workers	P.O. Box, Bldg., Room No., if any: PO Box 452			
Attention To: Robert N URRABAZO	Street:			
Title: MR.	City: Floresville State: TX ZIP Code + 4: 78114			
Mailing Address P.O. Box, Bldg., Room No., if any: PO Box 452	Street:			
City: Floresville State: TX ZIP Code + 4: 78114				

5. Any other address where records necessary to verify this report will be available for examination. 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. <input type="checkbox"/> Address in Item 3 <input type="checkbox"/> Address in Item 4 <input type="checkbox"/> Address in Item 5
7. Type of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify):	

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

(If other title, see instructions)

14. SIGNED:



TREASURER

(If other title, see instructions)

On Date:

Telephone Number:

On Date:

Telephone Number:

Name of Reporting Employer: UMW

File Number E- 70749

8. Type of Reportable Activity Engaged In By Employer

Read the following questions and the accompanying instructions carefully, taking into consideration the exclusions listed in the instructions for these items, and check either "Yes" or "No" for each item. For each item that is answered "Yes", you must attach a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer to any of Items 8.a. through 8.f. Also, if the answer is "Yes" for more than one person or organization, complete a separate Part B for each person or organization. If you answer "Yes", enter the number of Part Bs that are submitted for that item in the line indicated.

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 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 or 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 ☒

TOTAL NUMBER OF PART Bs FOR THIS REPORT IS: 0

VALIDATION SUMMARY PAGE

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Item 2: Fiscal Year Covered 'Through' cannot be future date.

Item 6: Please select the appropriate box(es) where the records necessary to verify this report are available for examination.

Item 8.e. Please check either Yes or No.