



State of Ohio
State Employment Relations Board
65 East State Street, 12th Floor
Columbus, Ohio 43215-4213
(614) 644-8573

<http://www.serb.state.oh.us/pdf/forms/EOAR.pdf>

Case No.

EMPLOYEE ORGANIZATION ANNUAL REPORT

INSTRUCTIONS: File *one original* of this form with the State Employment Relations Board at the above address.
FAILURE TO FILE THIS REPORT MAY RESULT IN REVOCATION OF CERTIFICATION(S) OF THE ORGANIZATION
PURSUANT TO OHIO REVISED CODE SECTION 4117.19.

1. Name of Employee Organization:

Address:

Telephone:

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City, County, State, Zip:

Email:

2. Name of Employee Organization's agent for service:

Address:

Telephone:

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City, County, State, Zip:

Email:

3. Names and addresses of Parent Organization(s) with which affiliated:

4. Fiscal year ending:

Month _____ Day _____ Year _____

5. Principal officers and representatives of organization:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

6. Revenues:

\$ _____ Initiation Fee Assessed New Members

\$ _____ Monthly Dues Assessed Current Members

7. Attach a complete financial report to this Employee Organization Annual Report. A copy of Form LM-2 or Form LM-3 (Labor Organization Annual Report, as submitted to the United States Department of Labor, Office of Labor-Management and Welfare-Pension Reports) may be substituted.

DECLARATION

I declare that I am an authorized representative of the reporting employee organization; that said organization agrees and pledges to comply with the laws of the State of Ohio; that said employee organization will accept members without regard to age, sex, color, race, religion, ancestry, national origin, military status, handicap or physical disability as provided by law. I further declare that I have read the contents of this Employee Organization Annual Report and that the statements it contains are true and correct to the best of my knowledge and belief.

Signature of Person Attesting to Content of Form

Print or Type Name