

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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.

702033

1. LM-30 File Number: U- 696522
2. Fiscal Year Covered: from 01/01/2014 through 12/31/2014
(mm/dd/yyyy) (mm/dd/yyyy)

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

4. Your Contact Information

Name (first, middle, last) RICKY DALLAS O'QUINN
Street address 3610 HARLOCK ROAD
City MELBOURNE State FL ZIP 32934
Email address (optional) RICKOQUINN@SPFPA.ORG

5. Labor Organization Identifying Information

Name	INTERNATIONAL UNION, SECURITY, POLICE AND FIRE PROFESSIONALS OF AMERICA, (SPFPA)		
Street address	25510 KELLY ROAD		
City	State	ZIP	
ROSEVILLE	MI	48066-4932	
File number	000-001		
Officer <input checked="" type="checkbox"/>	Employee <input type="checkbox"/>		
Your officer position or job title			
VICE PRESIDENT, REGION 2			

► 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 _____ Contact name _____ Telephone _____ Street address _____ City _____ State _____ ZIP _____	7.a. Nature of interest, transaction, benefit, arrangement, income, or loan _____ 7.b. Amount or value of interest, transaction, benefit, arrangement, income, or loan _____
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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 [Signature] On 04/07/2019 Telephone Number 321-543-3310
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.	
8. Name of business <u>PATRONUS SYSTEMS INC.</u> Contact name <u>MABEL R. O'QUINN</u> Telephone <u>321-425-4645</u> Street address <u>3000 N. WICKHAM ROAD, SUITE 8</u> City <u>MELBOURNE</u> State <u>FL</u> ZIP <u>32935</u>	11.a. Nature of dealings Patronus Systems Inc. was awarded subcontract work from Paragon Systems, Inc.
9. Business deals with <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer	11.b. Value of dealings \$233,361.31
10. If 9.b. or 9.c. is checked give trust or employer's name _____ PARAGON SYSTEMS, INC. Contact name <u>LAURA HAGAN</u> Telephone <u>571-321-0927</u> Street address <u>13900 LINCOLN PARK DR.</u> City <u>HERNDON</u> State <u>VA</u> ZIP <u>20171</u>	12.a. Nature of interest, benefit, arrangement, or income Patronus Systems Inc. is a Service Disabled Veteran Owned Company that is 100% owned by my spouse, Mabel O'Quinn. Patronus is a government contractor that provides protective security officers (PSOs) under Federal Protective Service contracts/subcontracts at various federal buildings located in the US. My spouse did not derive any income from her ownership interest in Patronus during the reporting period. The value of her ownership interest in Patronus is not readily ascertainable.
	12.b. Amount or value of interest, benefit, arrangement, or income 0

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.	
13.a. Contact information for employer or labor relations consultant Name of employer or labor relations consultant _____ Contact name _____ Telephone _____ Mailing address _____ City _____ State _____ ZIP _____	14.a. Nature of payment
13.b. Type of entity: Is the entity <input type="checkbox"/> an employer or <input type="checkbox"/> a consultant?	14.b. Amount or value of payment