

**LM-10****EMPLOYER 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.

► READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT. ◀

For Official Use Only

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**PART A**

<b>1. File Number: E- 70038</b>	<b>2. Fiscal Year Covered From: 01/01/2021 Through: 12/31/2021</b> Month/Day/Year Month/Day/Year
<b>3. Name and address of Reporting Employer (inc. trade name, if any).</b> <b>Employer:</b> Amazon.com Services LLC <b>Trade Name:</b> <b>Attention To:</b> Alicia Boler Davis <b>Title:</b> SVP, Global Customer <b>Mailing Address</b> <b>P.O. Box., Bldg., Room No., if any:</b> <b>Street:</b> 410 Terry Ave. N <b>City:</b> Seattle <b>State:</b> WA <b>ZIP Code + 4:</b> 98109	<b>4. Name and address of President or corresponding principal officer, if different from address in Item 3.</b> <b>Name:</b> <b>P.O. Box., Bldg., Room No., if any:</b> <b>Street:</b> <b>City: State:</b> <b>ZIP Code + 4:</b>
<b>5. Any other address where records necessary to verify this report will be available for examination.</b> <b>Name:</b> <b>Title:</b> <b>Organization:</b> <b>P.O. Box., Bldg., Room No., if any:</b> <b>Street:</b> <b>City: State:</b> <b>ZIP Code + 4:</b>	<b>6. Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination.</b> <input checked="" type="checkbox"/> Address in Item 3 <input type="checkbox"/> Address in Item 4 <input type="checkbox"/> Address in Item 5
<b>7. Type of organization.</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Other (specify) Limited Liability Company	

**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:** Alicia Boler Davis  
**Title:** SVP Global Customer  
**On Date:** Mar 31, 2022  
**Telephone Number:** 206-266-1000

**14. SIGNED:** Gail Carpenter  
**Title:** VP, WW Consumer Finance  
**On Date:** Mar 31, 2022  
**Telephone Number:** 206-266-1000

**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:**

**If "Yes",  
number of  
Part Bs  
attached**

- |     |  |   |  |                                |
|-----|--|---|--|--------------------------------|
| 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 <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | <input type="text" value="0"/> |
| 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 <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | <input type="text" value="0"/> |
| 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 <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | <input type="text" value="0"/> |
| 8.d | Did you make any expenditure where an object thereof, directly or indirectly, was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved?   | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | <input type="text" value="0"/> |
| 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 <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            | <input type="text" value="6"/> |
| 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 of 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 <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> | <input type="text" value="0"/> |

**TOTAL NUMBER OF PART Bs FOR THIS REPORT IS: 6**

<b>Check Item Number(from Page 2) to which this Part B applies</b>	ITEM 8.a. <input type="checkbox"/>	ITEM 8.b. <input type="checkbox"/>	ITEM 8.c. <input type="checkbox"/>	ITEM 8.d. <input type="checkbox"/>	ITEM 8.e. <input checked="" type="checkbox"/>	ITEM 8.f. <input type="checkbox"/>
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<b>9.a.</b> <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both	<b>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</b> Independent Labor Consultant
<b>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</b>  <b>Name:</b> David Burke <b>P.O. Box., Bldg., Room No., if any:</b> <b>Street:</b> 27407 Pacific Coast Highway <b>City:</b> Malibu <b>State:</b> CA <b>ZIP Code + 4:</b> 92065	<b>9.d. Name and address of firm or labor organization with whom employed or affiliated.</b>  <b>Organization:</b> The Burke Group <b>P.O. Box., Bldg., Room No., if any:</b> <b>Street:</b> 27407 Pacific Coast Highway <b>City:</b> Malibu <b>State:</b> CA <b>ZIP Code + 4:</b> 92065
<b>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</b>  04/26/2021	<b>10.b. The promise, agreement, or arrangement was:</b>  <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input checked="" type="checkbox"/> Both  (*Written agreements entered into during the fiscal year must be attached.)

  

11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
08/13/2021	\$30,099	cash payment
08/20/2021	\$161,977	cash payment
10/02/2021	\$93,675	cash payment
10/16/2021	\$53,608	cash payment

  

**12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made :** Independent labor consulting firm was retained in response to large scale union organizing efforts, including to assist us in expressing the companys opinion on union representation, and to educate employees about the issues, election process and their rights under the law.

<b>Check Item Number(from Page 2) to which this Part B applies</b>	ITEM 8.a. <input type="checkbox"/>	ITEM 8.b. <input type="checkbox"/>	ITEM 8.c. <input type="checkbox"/>	ITEM 8.d. <input type="checkbox"/>	ITEM 8.e. <input checked="" type="checkbox"/>	ITEM 8.f. <input type="checkbox"/>
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<b>9.a.</b> <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both	<b>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</b> Independent Labor Consultant
<b>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</b>  <b>Name:</b> Katie Lev <b>P.O. Box., Bldg., Room No., if any:</b> <b>Street:</b> 21 Pleasant Street <b>City:</b> Hudson <b>State:</b> MA <b>ZIP Code + 4:</b> 01749	<b>9.d. Name and address of firm or labor organization with whom employed or affiliated.</b>  <b>Organization:</b> Lev Labor LLC <b>P.O. Box., Bldg., Room No., if any:</b> <b>Street:</b> 21 Pleasant Street <b>City:</b> Hudson <b>State:</b> MA <b>ZIP Code + 4:</b> 01749
<b>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</b>  05/01/2021	<b>10.b. The promise, agreement, or arrangement was:</b>  <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input checked="" type="checkbox"/> Both  (*Written agreements entered into during the fiscal year must be attached.)

  

11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
07/24/2021	\$21,129	cash payment
07/31/2021	\$235,218	cash payment
08/28/2021	\$40,887	cash payment
12/29/2021	\$74,442	cash payment

  

**12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made :** Independent labor consulting firm was retained in response to large scale union organizing efforts, including to assist us in expressing the companys opinion on union representation, and to educate employees about the issues, election process and their rights under the law.

<b>Check Item Number(from Page 2) to which this Part B applies</b>	ITEM 8.a. <input type="checkbox"/>	ITEM 8.b. <input type="checkbox"/>	ITEM 8.c. <input type="checkbox"/>	ITEM 8.d. <input type="checkbox"/>	ITEM 8.e. <input checked="" type="checkbox"/>	ITEM 8.f. <input type="checkbox"/>
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<b>9.a.</b> <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both	<b>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</b> Independent Labor Consultant
<b>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</b> <b>Name:</b> David Burke <b>P.O. Box., Bldg., Room No., if any:</b> P.O. Box 6063 <b>Street:</b> <b>City:</b> Malibu <b>State:</b> CA <b>ZIP Code + 4:</b> 98109	<b>9.d. Name and address of firm or labor organization with whom employed or affiliated.</b> <b>Organization:</b> Labor Information Services <b>P.O. Box., Bldg., Room No., if any:</b> P.O. Box 6063 <b>Street:</b> <b>City:</b> Malibu <b>State:</b> CA <b>ZIP Code + 4:</b> 98109
<b>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</b> 01/03/2021	<b>10.b. The promise, agreement, or arrangement was:</b> <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input checked="" type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)

  

11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
04/28/2021	\$42,557	cash payment
04/29/2021	\$165,791	cash payment
06/19/2021	\$143,462	cash payment

  

**12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made :** Independent labor consulting firm was retained in response to large scale union organizing efforts, including to assist us in expressing the companys opinion on union representation, and to educate employees about the issues, election process and their rights under the law.

<b>Check Item Number(from Page 2) to which this Part B applies</b>	ITEM 8.a. <input type="checkbox"/>	ITEM 8.b. <input type="checkbox"/>	ITEM 8.c. <input type="checkbox"/>	ITEM 8.d. <input type="checkbox"/>	ITEM 8.e. <input checked="" type="checkbox"/>	ITEM 8.f. <input type="checkbox"/>
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<b>9.a.</b> <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both		<b>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</b> Independent Labor Consultant	
<b>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</b> <b>Name:</b> Penne Familusi <b>P.O. Box., Bldg., Room No., if any:</b> <b>Street:</b> 318 John R. Rd. #325 <b>City:</b> Troy <b>State:</b> MI <b>ZIP Code + 4:</b> 48083		<b>9.d. Name and address of firm or labor organization with whom employed or affiliated.</b> <b>Organization:</b> The Rayla Group, LLC <b>P.O. Box., Bldg., Room No., if any:</b> <b>Street:</b> 318 John R. Rd. #325 <b>City:</b> Troy <b>State:</b> MI <b>ZIP Code + 4:</b> 48083	
<b>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</b> 02/01/2021		<b>10.b. The promise, agreement, or arrangement was:</b> <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input checked="" type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)	
<b>11.a. Date of each payment or expenditure (mm/dd/yyyy).</b>	<b>11.b. Amount of each payment or expenditure</b>	<b>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</b>	
03/13/2021	\$441,244	cash payment	
03/26/2021	\$250,487	cash payment	
04/16/2021	\$205,252	cash payment	
04/23/2021	\$250,809	cash payment	
06/02/2021	\$31,769	cash payment	
06/17/2021	\$57,657	cash payment	
06/30/2021	\$101,180	cash payment	
07/20/2021	\$110,897	cash payment	
07/29/2021	\$52,639	cash payment	
08/20/2021	\$58,812	cash payment	
11/05/2021	\$327,394	cash payment	
11/10/2021	\$127,886	cash payment	
11/24/2021	\$290,483	cash payment	
11/27/2021	\$140,865	cash payment	
12/15/2021	\$307,232	cash payment	
12/22/2021	\$185,973	cash payment	
<b>12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made :</b> Independent labor consulting firm was retained in response to large scale union organizing efforts, including to assist us in expressing the companys opinion on union representation, and to educate employees about the issues, election process and their rights under the law.			

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Form LM-10 (2003)

<b>Check Item Number(from Page 2) to which this Part B applies</b>	ITEM 8.a. <input type="checkbox"/>	ITEM 8.b. <input type="checkbox"/>	ITEM 8.c. <input type="checkbox"/>	ITEM 8.d. <input type="checkbox"/>	ITEM 8.e. <input checked="" type="checkbox"/>	ITEM 8.f. <input type="checkbox"/>
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<b>9.a.</b> <input type="checkbox"/> Agreement <input type="checkbox"/> Payment <input checked="" type="checkbox"/> Both	<b>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</b> Independent Labor Consultant
<b>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</b> <b>Name:</b> Russ Brown <b>P.O. Box., Bldg., Room No., if any:</b> P.O. Box 372636 <b>Street:</b> <b>City:</b> Satelite Beach <b>State:</b> FL <b>ZIP Code + 4:</b> 32937	<b>9.d. Name and address of firm or labor organization with whom employed or affiliated.</b> <b>Organization:</b> RWP Labor <b>P.O. Box., Bldg., Room No., if any:</b> P.O. Box 372636 <b>Street:</b> <b>City:</b> Satelite Beach <b>State:</b> FL <b>ZIP Code + 4:</b> 32937
<b>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</b> 01/25/2021	<b>10.b. The promise, agreement, or arrangement was:</b> <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input checked="" type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)

  

11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
04/17/2021	\$66,780	cash payment
04/23/2021	\$19,609	cash payment
04/30/2021	\$24,895	cash payment
05/07/2021	\$26,140	cash payment
05/14/2021	\$20,529	cash payment
05/22/2021	\$23,731	cash payment
05/28/2021	\$29,649	cash payment
12/29/2021	\$44,715	cash payment

  

**12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made :** Independent labor consulting firm was retained in response to large scale union organizing efforts, including to assist us in expressing the companys opinion on union representation, and to educate employees about the issues, election process and their rights under the law.



<b>Check Item Number(from Page 2) to which this Part B applies</b>	ITEM 8.a. <input type="checkbox"/>	ITEM 8.b. <input type="checkbox"/>	ITEM 8.c. <input type="checkbox"/>	ITEM 8.d. <input type="checkbox"/>	ITEM 8.e. <input checked="" type="checkbox"/>	ITEM 8.f. <input type="checkbox"/>
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<b>9.a.</b> <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both	<b>9.c. Position In labor organization or with employer (if an independent labor consultant, so state).</b> Independent Labor Consultant	
<b>9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.</b>  <b>Name:</b> Edward M Echanique <b>P.O. Box., Bldg., Room No., if any:</b> <b>Street:</b> 105 E. Neel Ranch Road <b>City:</b> Mooresville <b>State:</b> NC <b>ZIP Code + 4:</b> 28115	<b>9.d. Name and address of firm or labor organization with whom employed or affiliated.</b>  <b>Organization:</b> Edward M. Echanique <b>P.O. Box., Bldg., Room No., if any:</b> <b>Street:</b> 105 E. Neel Ranch Road <b>City:</b> Mooresville <b>State:</b> NC <b>ZIP Code + 4:</b> 28115	
<b>10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.</b>  11/08/2021	<b>10.b. The promise, agreement, or arrangement was:</b>  <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both  (*Written agreements entered into during the fiscal year must be attached.)	
<b>11.a. Date of each payment or expenditure (mm/dd/yyyy).</b>	<b>11.b. Amount of each payment or expenditure</b>	<b>11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</b>
<b>12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made :</b> Independent labor consulting firm was retained in response to large scale union organizing efforts, including to assist us in expressing the companys opinion on union representation, and to educate employees about the issues, election process and their rights under the law. The company did not pay Edward M. Echanique during calendar year 2021.		