### 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. 436 or 440.

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**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

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1. **File Number**
   - 2506

2. **Fiscal Year Covered From:**

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3. **Name and address of person filing.**
   - **Name:** Bruce G. McAteer
   - **Address:**
     - **City:** Detroit
     - **State:** Michigan
     - **P.O. Box, Bldg., Room No., if any:**
     - **Street:** 13151 Addingtion Dr
     - **ZIP Code:** 48214

4. **Name, title number, and address of labor organization.**
   - **Name:** UAW International Union
   - **Labor Organization File Number:**
   - **P.O. Box, Building and Room Number, if any:**
   - **Street:** 8000 E Jefferson Ave
   - **City:** Detroit
   - **State:** Michigan
   - **ZIP Code:** 48214

5. **Position in labor organization:**
   - UAW Region 1C CAP Coordinator

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**Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):**

**A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.**

6. **Name and address of Employer (including trade name, if any).**
   - **Name:**
   - **Trade Name, if any:**
   - **P.O. Box, Bldg., Room No., if any:**
   - **Street:**
   - **City:**
   - **State:**
   - **ZIP Code:**

7. **Nature of Interest, Transaction or Income.**
   - 7.a. Nature of Interest, Transaction, or Income.
   - 7.b. Amount.

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**Signature**

**16. Signature and Verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the 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 the section on penalties in the instructions.)

**Signed:**

**On:** 5-26-05

**Date:**

**Telephone Number:** 517-669-3540

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8. Name and address of Business (including trade name, if any).

Name  Blue Cross Blue Shield of MI
Trade Name, if any: 
P.O. Box, Bldg., Room No., if any 
Street  600 Lafayette East
City  Detroit
State  Michigan  ZIP Code + 4  48226

9. Business deals with:

   X  a. Labor Organization
   b. Trust
   c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  See answer to 11a
Trade Name, if any: 
P.O. Box, Bldg., Room No., if any 
Street 
City 
State 
ZIP Code + 4 

11. Nature of such dealing.

   Blue Cross and Blue Shield of MI provides health insurance and administration services to the UAW and to many UAW represented employers.

11.b. Approximate dollar value of such dealing.

12. a. Nature of interest held or income received.

   My wife is a salaried employee of Blue Cross and Blue Shield of MI, her work there is not related in anyway to the UAW as described in 11a. She was employed by Blue Cross and Blue Shield before we were married.

12.b. Amount.

13. a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name 
Trade Name, if any: 
P.O. Box, Bldg., Room No., if any 
Street 
City 
State 
ZIP Code + 4 

13.b. Is the Business an Employer  or Consultant  ?


14.b. Amount of payment.