# FORM LM-30
## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 88-257, 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 PREPARING THIS REPORT.**

### 1. File Number
- **U-2004**

### 2. Fiscal Year Covered
- From: **3/1/2004**
- Through: **12/31/2004**

### 3. Name and Address of Person Filing
- **Name**: Mike Bowen
- **P.O. Box, Bldg., Room No.**, if any: [Blank]
- **Street**: 120 East Main
- **City**: Perrymore
- **State**: Indiana
- **ZIP Code + 4**: 47974

### 4. Name, File Number, and Address of Labor Organization
- **Name**: United Auto Workers Local 1271
- **Labor Organization File Number**: [Blank]
- **P.O. Box, Building and Room Number**, if any: [Blank]
- **Street**: 1225 S.E. Voorhees
- **City**: Danville
- **State**: Illinois
- **ZIP Code + 4**: 61832

### 5. Position in Labor Organization
- **President**

### 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**: [Blank]
- **Trade Name, if any**: [Blank]
- **P.O. Box, Bldg., Room No.**, if any: [Blank]
- **Street**: [Blank]
- **City**: [Blank]
- **State**: [Blank]
- **ZIP Code + 4**: [Blank]

#### 7. Nature of Interest, Transaction, or Income
- **7.a. Nature of Interest, Transaction, or Income**: [Blank]
- **7.b. Amount**: [Blank]

### Signature
- **Signed**: [Signature]
- **On**: [Blank]
- **Date**: [Blank]
- **Telephone Number**: [Blank]

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, 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 and address of Business (including trade name, if any).
   Name: ____________________________________________
   Trade Name, if any: ________________________________
   P.O. Box, Bldg., Room No., if any ____________________
   Street: __________________________________________
   City: ____________________________________________
   State: ____________________________________________
   ZIP Code + 4: ____________________________________

9. Business deals with:
   [ ] a. Labor Organization
   [ ] b. Trust
   [ ] c. Employer

10. If 9.a., b. or c. is checked give trust or employer’s name.
    Name: __________________________________________
    Trade Name, if any: ________________________________
    P.O. Box, Bldg., Room No., if any ____________________
    Street: __________________________________________
    City: ____________________________________________
    State: ____________________________________________
    ZIP Code + 4: ____________________________________

11. a. Nature of such dealing.
    [ ]______________________________

11. b. Approximate dollar value of such dealing.

12. a. Nature of interest held or income received.
    [ ]______________________________

12. b. Amount.
    ________________________________

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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 [X] or Consultant [ ]?

    [ ]______________________________

14. b. Amount of payment.
    ________________________________