**FORM LM-30**

**LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

This report is mandatory under P.L. 96-297, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 406 or 408.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

---

1. **File Number**: 73385

2. **Racial Year Covered From**: 1/1/2034 Through 12/31/2034

---

3. **Name and address of person filing**:
   - **Name**: Steve, Woody
   - **P.O. Box, Bldg., Room No., if any**: 
   - **Street**: 1606 Barton Drive
   - **City**: Normal
   - **State**: Illinois
   - **ZIP Code**: 61761

---

4. **Name, no number, and address of labor organization**:
   - **Name**: United Auto Workers Local 2689
   - **Labor Organization File Number**: 520382
   - **P.O. Box, Building and Room Number, if any**: 
   - **Street**: 10236 E. 1400 North Road
   - **City**: Bloomington
   - **State**: Illinois
   - **ZIP Code**: 61704-5195

---

5. **Position in labor organization**: District 1 Representative, 3rd Shift

---

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 benefits from an employer whose employees your organization represents or is actively seeking to represent.

9. **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**: Illinois
   - **ZIP Code**: 61761

---

7. **Nature of Interest, Transaction, or Income**:

7.a. **Amount**: 

---

15. **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**: Stephen J. Woody

**Date**: 1/1/2034

**Telephone Number**: 

---

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

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:

13. a. Name and address of Employer of Labor Relations Consultant (including trade name, if any):
   Name: 
   Trade Name: 
   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. a. Nature of payment:
   09/26/2014, services, tickets

14. b. Amount of payment: