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

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**1. File Number**  
U-9930

**2. Fiscal Year Covered From:**  
1/1/2003 Through: 12/31/2003

**3. Name and address of person filing:**  
Name: JOHNNIE AMAYA  
P.O. Box, Bldg., Room No., if any: [Local 365 UAW]  
Street: 30-07 39th Ave  
City: LIC  
State: NY  
ZIP Code + 4: 11104

**4. Name, file number, and address of labor organization:**  
Name: Local 365 UAW  
Labor Organization File Number: 1234567  
P.O. Box, Building and Room Number, if any: [Local 365 UAW]  
Street: 30-07 39th Ave  
City: LIC  
State: NY  
ZIP Code + 4: 11104

**5. Position in labor organization:**  
Trustee

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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 specifically excluded 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.**

**B. 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 + 4: 

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

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**7. Amount: **

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**15. Signature and verification:**  
The undersigned declares, under penalty of perjury and other applicable penalties of law, that all 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, accurate, true, correct, and complete. (See the section on penalties in the instructions.)

Signed:  
Date: 3/10/03  
Telephone Number: 718-392-3600

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Page 1 of 2
8. Name and address of Business (including trade name, if any).

<table>
<thead>
<tr>
<th>Name</th>
<th>Local 365 UAW Pension Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Name, if any</td>
<td></td>
</tr>
<tr>
<td>P.O. Box, Bldg., Room No., if any</td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td>30-07 36th Ave</td>
</tr>
<tr>
<td>City</td>
<td>LIC</td>
</tr>
<tr>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>ZIP Code + 4</td>
<td>11101</td>
</tr>
</tbody>
</table>

9. Business deals with:

- [ ] Labor Organization
- [ ] Trust
- [ ] Employer

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

11. a. Nature of such dealing.

Local 365 Pension Fund is a trust in which Local 365 is interested under Section 301 of the LMRA.

11. b. Approximate dollar value of such dealing. 

116,000,000 -

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

Gross salary received as Administrator of the Local 365 UAW Pension Fund.

12. b. Amount.

32,286.27

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).


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

14.b. Amount of payment.
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).

<table>
<thead>
<tr>
<th>Name</th>
<th>Local 365 Unw Pension Fund</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Name, if any:</td>
<td></td>
</tr>
<tr>
<td>P.O. Box, Bldg., Room No., if any</td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td>30 07 39th Ave</td>
</tr>
<tr>
<td>City</td>
<td>LIC</td>
</tr>
<tr>
<td>State</td>
<td>NE</td>
</tr>
</tbody>
</table>

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

10. If 9.b. or 9.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 11101 |

11.a. Nature of such dealing.

Local 365 Pension Fund is a trust in which Local 365 is interested under Section 3(c)(6) of the LMOPDA

11.b. Approximate dollar value of such dealing.

165,000,000

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

Reimbursement of expenses and value of meals, hotel and airfare related to attendance at educational conferences/

12.b. Amount.

849.00

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 11101 |

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


14.b. Amount of payment.
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**: Local 365 UAW Welfare Fund
   - **P.O. Box, Bldg., Room No., if any**: 
   - **Street**: 30 07 39th Ave
   - **City**: LIC
   - **State**: NY
   - **ZIP Code + 4**: 11101

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

11. a. Nature of such dealing.
   - Local 365 Welfare Fund is a trust in which Local 365 is interested under Section 3(1) of the LMEDA

11. b. Approximate dollar value of such dealing.
   - $5,500,000

12. a. Nature of interest held or income received.
   - Grass Salaries received as Administrator of the Local 365 UAW Welfare Fund

12. b. Amount.
   - $32,826.72

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 [ ] or Consultant [ ]


14. b. Amount of payment.