**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 439 or 440.

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

<table>
<thead>
<tr>
<th>1. File Number</th>
<th>2. Fiscal Year Covered From:</th>
</tr>
</thead>
<tbody>
<tr>
<td>U - 25390</td>
<td>1/1/05 Through 12/31/05</td>
</tr>
</tbody>
</table>

**3. Name and address of person filing:**

- **Name:** Howard B. Dickerson
- **P.O. Box, Bldg., Room No., if any:**
- **Street:** 200 Impala Dr.
- **City:** Roseburg
- **State:** OR
- **ZIP Code + 4:** 97470

**4. Name, file number, and address of labor organization:**

- **Name:** United Auto Workers
- **Labor Organization File Number:** 000149
- **P.O. Box, Building and Room Number, if any:**
- **Street:** 8000 E. Jefferson Ave.
- **City:** Detroit
- **State:** Michigan
- **ZIP Code + 4:** 48214

**5. Position in labor organization:** Non-compensated Trustee (Reimbursed Only)

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):

<table>
<thead>
<tr>
<th>6. Name and address of Employer (including trade name, if any):</th>
<th>7.a. Nature of Interest, Transaction, or Income:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<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></td>
</tr>
<tr>
<td>City</td>
<td></td>
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<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>ZIP Code + 4</td>
<td></td>
</tr>
</tbody>
</table>

**7.b. Amount:**

**Signature:**

[Signature]

On 8/30/06, 531-673-5914

**Telephone Number**

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

- b. Trust
  - CHAIR

10. If 8.b or 8.c is checked give trust or employer's name.

- Name: UAW LABOR-MGMT. PENSION TRUST ADMIN.
- Trade Name, if any: ASSOCIATED 3RD PARTY ADMINISTRATORS
- P.O. Box, Bldg., Room No., if any: P.O. BOX 2590
- Street: 
- City: PASADENA
- State: CA.
- ZIP Code + 5: 91102-2590

11. a. Nature of such dealing:

- [Blank]

11. b. Approximate dollar value of such dealing:

- [Blank]

11. a. Nature of interest held or income received:

- REIMBURSEMENT FOR TRUST AND EDUCATIONAL MEETINGS ONLY

12. a. Amount, SEE ATTACHED 9121.62

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. a. Nature of payment:

- [Blank]

14. b. Amount of payment:

- [Blank]
LABOR TRUSTEE PAYMENTS

Howard Dickerson

March 19-23, 2005 - Frank Russell Trust Investment Conference
- Room Expense $1,002.89
- Travel Expense $693.96
- Daily Expenses $164.80

July 29, 2005 - Board Meeting
- Room Expense (Embassy Suites) $321.20
- Travel Expense $476.07
- Daily Expenses $66.78

November 11-18, 2005 - Annual Employee Benefits Conference - Hawaii
- Registration & Hotel Deposit $1,310.00
- Preconference Registration $320.00
- Room Expense $2,233.64
- Travel Expense $1,084.16
- Daily Expenses $371.96
- Subtotal $3,689.76
- Expense Advance $2,000.00
- Total $1,689.76
- Dinner (11/12/05) $65.83

December 2, 2005 - Board Meeting
- Room Expense (Riviera) $162.54
- Travel Expense $818.70
- Daily Expenses $29.09