**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>
</table>

<table>
<thead>
<tr>
<th>3. Name and address of person filing</th>
<th>4. Name, file number, and address of labor organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Gary Jones</td>
<td>Name: International Union, UAW</td>
</tr>
<tr>
<td>P.O. Box, Bldg., Room No., if any</td>
<td>Labor Organization File Number: 000147</td>
</tr>
<tr>
<td>Street: 721 Dunn Road</td>
<td>P.O. Box, Building and Room Number, if any</td>
</tr>
<tr>
<td>City: Hazelwood</td>
<td>Street: 800 E. Jefferson</td>
</tr>
<tr>
<td>State: Missouri</td>
<td>City: Detroit</td>
</tr>
<tr>
<td>ZIP Code + 4: 63042</td>
<td>State: Michigan</td>
</tr>
<tr>
<td></td>
<td>ZIP Code + 4: 48214</td>
</tr>
</tbody>
</table>

5. Position in labor organization: Assistant Director

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).

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Name, if any:</td>
</tr>
<tr>
<td>P.O. Box, Bldg., Room No., if any</td>
</tr>
<tr>
<td>Street</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>ZIP Code + 4</td>
</tr>
</tbody>
</table>

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

**Signature**

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: Gary Jones

On: 2/21/2007

Date: 314/731-2800

Telephone Number

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8. Name and address of Business (including trade name, if any).
Name Associated Third Party Administrators
Trade Name, if any: 
P.O. Box Bldg., Room No., if any Ste. 150
Street 4399 Santa Anita Ave.
City El Monte
State California ZIP Code + 4 91731

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

10. If 9.b. or 9.c. is checked give trust or employer's name.
Name UAW Labor-Management Group Pension Plan
Trade Name, if any: 
P.O. Box, Bldg., Room No., if any Ste. 150
Street 4399 Santa Anita Ave.
City El Monte
State California ZIP Code + 4 91731

11.a. Nature of such dealing.
Pension plan for UAW represented employees at various UAW represented employers.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.
I serve on the Board of Directors of the pension plan as an alternate and am required to attend quarterly board meetings. The pension plan provided the hotel accommodations and airfare for the quarterly board meetings that I was required to attend.

12.b. Amount. $885

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.