Labor Organization Officer and Employee Report

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439, 440.

Form approved - OMB No. 1215-0188
Expires 11-30-2002

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1. Name and address of person filing	2. Name and address of labor organization
Charles Crawley 3100 Katy Freeway, #988 Houston, TX 77007	Teamsters Local 988 TCWH 3100 Katy Freeway, #988 Houston, TX 77007

3. Position in labor organization	4. Date fiscal year ended	5. File number (if assigned)
President	12/31/00	EO-1449

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 explanations set forth in the instructions):

6. 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.

7. Name of Employer — Address of Employer

8. Nature of Interest, Transaction or Income

9. 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.

10. Name of Business — Address of Business
American Income Life Insurance Co. P.O. Box 2608, Waco,TX 76797

11. Business deals with—
☒ A. Labor Organization ☐ B. Trust ☐ C. Employer

12. If "B" or "C" is checked give trust or employer's name
N/A

13. Nature and approximate dollar value of such dealings
Premium paid for AD&D policy by insurance company.
5/97 - 7/00 $12.09

14. Nature of interest held or income received
Benefit of premium paid by insurance company.

15. 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

16. Name and address of employer ☐ or consultant ☐ — 17. Nature of payment

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

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18. Signature and verification—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: Charles Crawley at Houston, Texas (City, State) on 8/4/00 (Date)

Form LM-30 (Rev. 1998)