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

015379

1. Name and address of person filing
Carol Collin
1190 Durfee Avenue, Suite 200
S. El Monte, CA 91733

2. Name and address of labor organization
Miscellaneous Warehousemen Drivers and Helpers Local 986
1190 Durfee Ave., Suite 200
S. El Monte, CA 91733

3. Position in labor organization: Secretary

4. Date fiscal year ended: 12/31/00

5. File number (if assigned): LU-1451

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 instructions 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 of Employer

Address of Employer

Nature of Interest, Transaction or Income

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.

9. Name of Business

Address of Business

American Income Life Insurance Co. P. O. Box 2608, Waco, Texas 76797

8. Business deals with—
XX A. Labor Organization ☐ B. Trust ☐ C. Employer

10. If 9B or 9C is checked give trust or employer's name: N/A

11. Nature and approximate dollar value of each dealings
Premium paid for AD&D Policy by insurance company
11/99 - 7/00 $2.79

12. Nature of interest, kind of income each item
Benefit of premium paid by insurance company; policy cancelled effective 7/31/00 by Local 986.

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. Name and address of employer ☐ or consultant ☐

14. Nature of payment

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

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16. 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: Carol D Collin at S. El Monte (City) CA (State) on 8/2/00 (Date)

Form LM-30 (Rev. 1998)