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
V. Arlene Christensen 3501 So. Maryland Parkway # 84 Las Vegas,NV 89109	Professional,Clerical and Miscellaneous Employees Local Union 995 300 Shadow Lane Las Vegas, NV 89106

3. Position in labor organization	4. Date fiscal year ended	5. File number (if assigned)
Vice President	July 1997 to July 2000	066-774 LU-1462

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 of Employer	Address of Employer

7. 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.

8. Name of business	Address of business

9. Business deals with—	10. If 9B or 9C is checked give trust or employer's name
☐ A. Labor Organization ☐ B. Trust ☐ C. Employer	

11. Nature and approximate dollar value of such dealings

12. Nature of interest held or income received

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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
American Income Life Insurance Company P.O.Box 2608 Waco,TX 76797	See Attachment

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

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15. 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: [signature] at Las Vegas (City) Nevada (State) on 8/22/00 (Date)

Form LM-30 (Rev. 1986)

Labor Organization Officer and Employee Report LM-30

Professional, Clerical and Miscellaneous Employees Local Union 995
File Number 066-774

No. 14 Nature of payment:

American Income Life Insurance Company provided, at no additional cost, an additional accidental death benefit of $10,000 to the individual listed above while they were traveling in any convenience on official Union business. No benefits were paid to insured. Agreement with insurance company was immediately terminated upon being notified to do so by the Independent Review Board in its letter dated June 6, 2000 to Patrick Szmanski, General Counsel for the International Brotherhood of Teamsters. This form is being filed as instructed in that letter.

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