

# 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.

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MAR 27 2017

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. LM-30 File Number U-67492
2. Fiscal Year Covered: from 01/01/2016 through 12/31/2016  
(mm/dd/yyyy) (mm/dd/yyyy)
3. Amended Report – If this is an amended report, check here:

#### 4. Your Contact Information

Name (first, middle, last) CYNTHIA ANN ESTRADA

Street address 8000 EAST JEFFERSON AVENUE

City DETROIT State MI ZIP 48214

Email address (optional) c.estrada@uaw.net

#### 5. Labor Organization Identifying Information

Name	<u>INTERNATIONAL UNION, UAW</u>		
Street address	<u>8000 EAST JEFFERSON AVENUE</u>		
City	State	ZIP	
<u>DETROIT</u>	<u>MI</u>	<u>48214</u>	
File number	<u>000-149</u>		
Officer <input checked="" type="checkbox"/>	Employee <input type="checkbox"/>		
Your officer position or job title			
<u>VICE PRESIDENT</u>			

► Complete PART A, B, or C if, during the past fiscal year, you or your spouse or minor child directly or indirectly had a reportable interest in, transaction or arrangement with, or received income, payment, or benefit from the entities described below.

#### PART A – REPRESENTED EMPLOYER. An employer whose employees your labor organization represents or is actively seeking to represent.

6. Name of represented employer \_\_\_\_\_

Contact name \_\_\_\_\_ Telephone \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

7.a. Nature of interest, transaction, benefit, arrangement, income, or loan

7.b. Amount or value of interest, transaction, benefit, arrangement, income, or loan

#### 15. Signature and Verification

The undersigned declares, under penalty of perjury and other applicable penalties of 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.

Signed

On

3-15-17  
Date (mm/dd/yyyy)

Telephone Number

(313) 926-5301

**PART B – BUSINESS.** A business, such as a vendor or service provider, (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer described in Part A 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.

<p>8. Name of business <u>LEADERSHIP EDUCATION AND DEVELOPMENT, LLC (LEAD, LLC)</u>                  Contact name <u>STEVE WYATT</u> Telephone <u>(586)909-4447</u>                   Street address <u>37851 TERRA MAR STREET</u>                   City <u>HARRISON TOWNSHIP</u> State <u>MI</u> ZIP <u>48045</u></p>	<p>11.a. Nature of dealings  <u>LEAD, LLC CONDUCTED LEADERSHIP TRAINING FOR LOCAL UNION LABOR AND PLANT-LEVEL MANAGEMENT REPRESENTATIVES.</u></p>
<p>9. Business deals with <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer</p>	<p>11.b. Value of dealings <u>\$148,196</u></p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name <u>UAW-GM CENTER FOR HUMAN RESOURCES</u>                  Contact name <u>PATTI BIEBER</u> Telephone <u>(313)324-5301</u>                  Street address <u>200 WALKER STREET</u>                  City <u>DETROIT</u> State <u>MI</u> ZIP <u>48207</u></p>	<p>12.a. Nature of interest, benefit, arrangement, or income  <u>INCOME RECEIVED BY SPOUSE'S CORPORATION FNTS, LLC FROM LEAD LLC TO CONDUCT LOCAL UNION LEADERSHIP TRAINING.</u>  <u>SEE ATTACHED FOR TRAINING DATES.</u></p>
	<p>12.b. Amount or value of interest, benefit, arrangement, or income <u>\$24,088</u></p>

**PART C – OTHER EMPLOYER OR LABOR RELATIONS CONSULTANT.** An employer (other than an employer or business covered under Parts A and B above) from whom a payment would create an actual or potential conflict between your personal financial interests and the interests of your labor organization (or your duties to your labor organization); or a labor relations consultant to such an employer or to the employer listed in Part A.

<p>13.a. Contact information for employer or labor relations consultant                  Name of employer or labor relations consultant _____                  Contact name _____ Telephone _____                  Mailing address _____                  City _____ State _____ ZIP _____</p>	<p>14.a. Nature of payment</p>
<p>13.b. Type of entity: Is the entity <input type="checkbox"/> an employer or <input type="checkbox"/> a consultant?</p>	<p>14.b. Amount or value of payment</p>

Cynthia Estrada

LM-30 File Number: U- 67492

12/31/16

1 of 1

**12. a. Nature of interest, transaction, arrangement or income**

Income received by spouse's corporation FWTS, LLC from LEAD, LLC to conduct educational leadership training for local union labor leaders on the following dates:

January 20-21, 2016

March 15-16, 2016

April 12-13, 2016

April 20-21, 2016

April 26-27, 2016

May 10-11, 2016

May 17-18, 2016

June 14-15, 2016

June 28-29, 2016