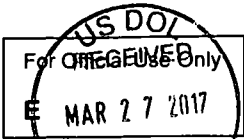


FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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.



PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

638967

1. LM-30 Form Number: U- 67492

2. Fiscal Year Covered: from 01/01/2015 through 12/31/2015
(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	State	ZIP	
DETROIT	MI	48214	
Email address (optional)	cestada@uaw.net		

5. Labor Organization Identifying Information

Name	INTERNATIONAL UNION, UAW		
Street address	8000 EAST JEFFERSON AVENUE		
City	State	ZIP	
DETROIT	MI	48104	
File number	000149		
Officer <input checked="" type="checkbox"/>	Employee <input type="checkbox"/>		
Your officer position or job title	VICE PRESIDENT		

► 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 [Signature] On 3-15-17 Telephone Number (313) 926-5301
Date (mm/dd/yyyy)

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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.

8. Name of business LEADERSHIP EDUCATION AND DEVELOPMENT, LLC (LEAD, LLC)
 Contact name STEVE WYATT Telephone (586) 909-4447
 Street address 37851 TERRA MAR STREET
 City HARRISON TOWNSHIP State MI ZIP 48045

11.a. Nature of dealings
LEAD, LLC CONDUCTED LEADERSHIP TRAINING FOR LOCAL UNION LABOR AND PLANT-LEVEL MANAGEMENT REPRESENTATIVES.

9. Business deals with a. Labor Organization b. Trust c. Employer

11.b. Value of dealings \$ 138,607

10. If 9.b. or 9.c. is checked give trust or employer's name UAW - GM CENTER FOR HUMAN RESOURCES
 Contact name PATTI BIBBER Telephone (313) 324-5301
 Street address 200 WALKER STREET
 City DETROIT State MI ZIP 48207

12.a. Nature of interest, benefit, arrangement, or income
INCOME RECEIVED BY SPOUSE'S CORPORATION F WTS, LLC FROM LEAD LLC TO CONDUCT LOCAL UNION LEADERSHIP TRAINING. SEE ATTACHED FOR TRAINING DATES.

12.b. Amount or value of interest, benefit, arrangement, or income \$ 30,217.

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.

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 _____

14.a. Nature of payment

13.b. Type of entity: Is the entity an employer or a consultant?

14.b. Amount or value of payment

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12. a. Nature of interest, benefit, 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:

February 16-17, 2015

March 9-10, 2015

March 12-13, 2015

March 30-31, 2015

April 9-10, 2015

April 20-21, 2015

May 28-29, 2015

June 2-3, 2015

June 18-19, 2015

July 22-23, 2015

July 30-31, 2015