U S Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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

For Official Use Only

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US DEPT OF LABOR Rec'd AUG 22 2005 OLMS URDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U- 10310	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing. Name Jonathan R Carroll P O. Box, Bldg., Room No., if any Suite 30. Street 677 Ala Moana Blvd. City Honolulu State Hawaii ZIP Code + 4 96813	4 Name, file number, and address of labor organization Name Hawaii Nurses Association Labor Organization File Number 053-662 P.O Box, Building and Room Number, if any Suite 301 Street 677 Ala Moana Blvd. City Honolulu State Hawaii ZIP Code + 4 96813
5 Position in labor organization. Staff Legal Counsel	

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 and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg , Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest Transaction, or Income 7.b Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the 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. (See the section on penalties in the instructions.)

Signed [signature] On 8/15/05 (808) 521-8361

Date Telephone Number

Name of Person Filing Jonathan Carroll	File Number U-

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 and address of Business (including trade name if any). Name Trade Name, if any: P O Box, Bldg. Room No., if any Street City State ZIP Code + 4	9. Business deals with: ☐ a. Labor Organization ☐ b. Trust ☐ c. Employer
10 If 9.b. or 9.c is checked give trust or employer's name. Name Trade Name, if any: P O Box, Bldg. Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12 a. Nature of interest held or income received. 12.b. Amount.

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 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Hawaii Pacific Health Trade Name, if any: P O. Box, Bldg., Room No., if any Street 55 Merchant Street City Honolulu State Hawaii ZIP Code + 4 96813	14.a. Nature of payment Lunch ,during August 2004, with Mr. Chuck Hieb, Director, Employee Relations Human Resources.
13 b Is the Business an Employer ☒ or Consultant ☐ ?	14.b Amount of payment. $15