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.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-10990	2. Fiscal Year Covered From: 01/01/05 Through: 12/31/05
3. Name and address of person filing. Name DUANE ROBINSON P.O. Box, Bldg., Room No., if any Street 14182 MONTROSE City DETROIT State MI ZIP Code + 48227	4. Name, file number, and address of labor organization. Name LABOR INTERNATIONAL UNION OF NORTH AMERICA Labor Organization File Number 007-294 P.O. Box, Building and Room Number, if any Street 2727 SECOND AVE City DETROIT State MI ZIP Code + 4 48201
5. Position in labor organization. Field Rep	

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: NONE 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 Duane Robinson On 3-15-06 (313) 580-4876
Date Telephone Number

Name of Person Filing	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 LABORER'S METROPOLITAN DETROIT HEALTH CARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6525 CENTURION DR

City LANSING

State MICH ZIP Code + 4 48917-9275

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.

TRUSTEE of BENEFIT FUND RECEIVED REIMBURSTMENT for CONFERENCE EXPENSES

11.b. Approximate dollar value of such dealing. 2,487.70

12.a. Nature of interest held or income received.

ALL REIMBURSMENT ARE for EXPENSES DIRECTLY INCURRED IN MY CAPACITY AS TRUSTEE

12.b. Amount. 2,487.70

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

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.