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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-12039

2. Fiscal Year Covered From 1/1/2004 Through: 12/31/2004

3. Name and address of person filing.
Name: EILEEN M HENRY
P.O. Box, Bldg., Room No., if any
Street: 10340 SANTA MONICA BLVD
City: LA
State: CA ZIP Code + 4: 90025

4. Name, file number, and address of labor organization.
Name: SAG PENSION & HEALTH
Labor Organization File Number: C00113
P.O. Box, Building and Room Number, if any
Street: 3601 WEST OLIVE Avenue
City: Burbank
State: CA ZIP Code + 4: 91505

5. Position in labor organization: TRUSTEE

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: SAG PENSION & HEALTH
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street: 3601 WEST OLIVE BLVD
City: BURBANK,
State: CA ZIP Code + 4: 91505

7a. Nature of Interest, Transaction, or Income
REIMBURSEMENT - TRANSPORTATION & OTHERS - SAG P+H Appeals meeting JAN '04

7b. Amount
$ 1,337.80

Signature

16. 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 On 8-14-05 310-277-7700
Date Telephone Number