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
E

US DOL ESA Rec'd AUG 22 2005 OLMS FLORIDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 12558	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Philip M. Zannella, Jr. P.O. Box, Bldg., Room No., if any Street 16585 Munn Rd. City Auburn Twp. State OH ZIP Code + 4 44023	4. Name, file number, and address of labor organization Name Auto Mechanics Local Union No. 1363, of District 54, International Association of Machinists and Aerospace Workers (AFL-CIO) Labor Organization File Number 017-651 P.O. Box, Building and Room Number, if any Street 2906 Euclid Avenue City Cleveland State OH ZIP Code + 4 44115
5. Position in labor organization. Business Representative	

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 Philip M. Zannella Jr. On 8-15-05 (Date) (216) 241-4378 (Telephone Number)

Name of Person Filing Philip M. Zannella, Jr.	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 **Greater Cleveland Automobile Dealers Association**

Trade Name, if any: **GCADA**

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

Street **10100 Brecksville Road**

City **Brecksville**

State **Ohio** ZIP Code + 4 **44141**

9. Business deals with:

X a. Labor Organization

X b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Dealers-Unions Insurance Fund**

Trade Name, if any: **DUIF**

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

Street **2902 Euclid Avenue**

City **Cleveland**

State **Ohio** ZIP Code + 4 **44115**

11.a. Nature of such dealing.

See Attachment

11.b. Approximate dollar value of such dealing. **$60.00**

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

Business Lunch - December 16, 2004

12.b. Amount. **Approx. $60.00**

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

Attachment to LM-30
for
Philip M. Zannella, Jr.
Fiscal Year 1/1/04-12/31/04

11.a.

GCADA is a membership association comprised of automobile dealers, many of which have collective bargaining agreements with Local 1363. GCADA itself has no such collective bargaining agreements. In addition, GCADA appoints one of the trustees that sits on the Board of Trustees of DUIF, which is a collectively bargained health and welfare fund. GCADA paid for a business lunch for the union-appointed trustees of that fund and other fund personnel and professionals following a December 16, 2004 trustees meeting.