Labor Organization Officer and Employee Report

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188
Expires 11-30-2002

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1. Name and address of person filing	2. Name and address of labor organization
Anthony D'Amico 6145 Michael Avenue BrookPark, Ohio 44142	Teamsters Local Union No. 52 3150 Chester Avenue, #201 Cleveland, Ohio 44114

3. Position in labor organization	4. Date fiscal year ended	5. File number (if assigned)
Trustee	12/31/00	41488

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 of Employer — Address of Employer

7. Nature of Interest, Transaction or Income

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 of business — Address of business

9. Business deals with—

☐ A. Labor Organization ☐ B. Trust ☐ C. Employer

10. If 9B or 9C is checked give trust or employer's name

11. Nature and approximate dollar value of such dealings

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12. Nature of interest held or income received

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. Name and address of employer ☒ or consultant ☐

American Income Life Insurance
1200 Wooded Acres
Waco, TX 76710

14. Nature of payment Union officer covered under AD&D policy of $10,000 while on union business. Value believed to be $3.00 per year . Another policy covered officer and members ($1,000 cov.), spouses ($500) and each child ($250). Officer coverage terminated 7/1/00

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. **Signature and verification**—The undersigned declares, under the applicable penalties of the law, that all of the information in this report, including the attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct and complete.

Signed: Anthony J. D'Amico at Cleveland (City) Ohio (State) on _____ (Date)

Form LM-30 (Rev. 1986)