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. Taxes and civil penalties as provided by 29 U.S.C. 439, 440.

Form approved: OMB No. 1215-0188
Expires 11-30-2000

LM 015379

1. Name and address of person filing
James T. Muraki
1190 Durfee Avenue, Suite 200
S. El Monte, CA 91733

2. Name and address of labor organization
Miscellaneous Warehousemen Drivers and Helpers Local 986
1190 Durfee Ave., Suite 200
S. El Monte, CA 91733

3. Position in labor organization
Business Representative

4. Date fiscal year ended
12/31/00

5. File number (if assigned)
U-1690

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 described or specified in the instructions and set forth in the instructions.

7. Paid or agreed to be paid, engaged in or received (including loans) from, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

Name of Employer | Address of Employer

Nature of Interest, Transaction or Income

8. Had 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 trying 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.

Name of Business | Address of Business

American Income Life Insurance Co. P. O. Box 2608, Waco, Texas 76797

9. Business deals with:
[X] A. Labor Organization [ ] B. Trust [ ] C. Employer

10. If B or C is checked give trust or employer's name
N/A

11. Nature and approximate dollar value of each dealing
Premium paid for AD&D Policy by insurance company
11/99 - 7/00 $2.79

12. Nature of interest held or income received
Benefit of premium paid by insurance company; policy cancelled effective 7/31/00 by Local 986.

13. 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

14. Name and address of employer [ ] or consultant [ ]

15. Nature of payment

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

16. Signature and verification — The undersigned declare, under the penalties provided by law, that all of the information in this report, including the attachments incorporated herein 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.

James T. Muraki 2256 Korea Hwy Rd Seul City, Hi 96732 on 1st of Aug 2000
(Signature) (Address) (Date)

Form LM-30 (Rev. 1/98)

RECEIVED
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