Labor Organization Officer and Employee Report

U.S. Department of Labor
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.

OMB No. 1214-0001 12/31/86

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1. Name and address of person filing	2. Name and address of labor organization
WILLIAM SHANAHAN 4369 RICHMOND STREET PHILADELPHIA, PA 19137	TEAMSTERS LOCAL NO. 623 4369 RICHMOND STREET PHILADELPHIA, PA 19137

3. Position in labor organization	4. Date fiscal year ended	5. File number (if assigned)
TRUSTEE	DECEMBER 31, 2000	U-1790

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
AMERICAN INCOME LIFE COMPANY	1250 EAST GERMANTOWN PIKE, SUITE 202 PLYMOUTH MEETING, PA 19462

7. Nature of Interest, Transaction or Income

EFFECTIVE JUNE OF 1997, EMPLOYER PROVIDED AT NO CHARGE A $1,000 ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE POLICY. TEAMSTERS LOCAL NO. 623 REQUESTED CANCELLATION OF THE POLICY BY LETTER TO THE EMPLOYER DATED JULY 11, 2000. (See Attachment)

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-	10. If 9B or 9C is checked give trust or employer's name
☐ A. Labor Organization ☐ B. Trust ☐ C. Employer	

11. Nature and approximate dollar value of such dealings

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 ☐	14. Nature of payment

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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: William J. Shanahan at 4369 RICHMOND STREET on _____
City PHILADELPHIA State PA Date

Form LM-30 (Rev. 1986)

WILLIAM SHANAHAN
TEAMSTERS LOCAL NO. 623

ATTACHMENT TO FORM LM-30, Labor Organization Officer & Employee Report

Effective June of 1997, American Income Life Company (an employer) provided at no charge a $1,000 accidental death and dismemberment insurance policy to the Executive Board and Members of Teamsters Local No. 623.

Teamsters Local No. 623 permitted a mailing to its' members from American Income Life Company for the purpose of selling additional insurance coverage to the members at a cost. The expenses of the mailing were paid for entirely by American Income Life Company.

Teamsters Local No. 623 requested cancellation of the policies provided to persons on the Executive Board by letter to American Income Life Company dated July 11, 2000.

No claim was filed and no money was received on any policy for coverage on persons on the Executive Board of Teamsters Local No. 623.

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