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

021509

1. Name and address of person filing
Scott Schreiner
880 Oak Park Road #200
Covina, CA 91724

2. Name and address of labor organization
Package and General Utility Drivers, Teamsters Local No. 396
880 Oak Park Road #200
Covina, CA 91724

3. Position in labor organization: Rec. Sec.

4. Date fiscal year ended: 12/31/00

5. File number (if assigned): U-1853

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: American Income Life Insurance Company

Address of business: P.O. Box 2608, Waco, TX 76797

9. Business deals with—
☒ A. Labor Organization ☐ B. Trust ☐ C. Employer

10. If 9B or 9C is checked give trust or employer's name: N/A

11. Nature and approximate dollar value of such dealings
Premium paid for AD&D policy by insurance company
2/00 - 7/00 $1.86

12. Nature of interest held or income received
Benefit of having premium paid by insurance company

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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USDOL/ESA
OOMS/DOE/SRD

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

15. Signature and certification—The undersigned declares, under the applicable penalties of the law, that all of the information in the 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: Scott Schreiner at 880 OAK PARK RD. #200 (City) COVINA, CA 91724 (State) on 8-1-00 (Date)

Form LM-30 (Rev. 1988)