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 OLMS Use Only
U.S. DOL Rec'd
JUN 30 2005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 2382	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Hiram J Eberlein P.O. Box, Bldg., Room No., if any Street 4 Veeder Lane City Guilderland State New York ZIP Code + 4 12084	4. Name, file number, and address of labor organization. Name Public Employees Federation Labor Organization File Number 519220 P.O. Box, Building and Room Number, if any P.O. Box 12414 Street 1168-70 Troy-Schenectady Rd City Albany State New York ZIP Code + 4 12212-2414
5. Position in labor organization. Director of Retiree Programs	

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 Hiram J Eberlein On 6/23/05 (518) 456-4156
Date Telephone Number

8. Name and address of business (including trade name, if any).

Name: Group Health Inc.

Trade Name, if any: GHI

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

Street: 80 Wolf Road

City: Albany

State: New York ZIP Code + 4: 12205-2688

9. Business deals with:

- [X] a. Labor Organization
- [ ] b. Trust
- [ ] c. Employer

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

Name:

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

11.a. Nature of such dealing.

GHI provides dental insurance plans to members and retirees GHI paid for a dinner at the 10/2004 PEF convention in Lake Placid, NY

11.b. Approximate dollar value of such dealing. $40.00

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

GHI paid for a dinner

12.b. Amount. $40.00

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.