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 11-30-200

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 Office U.S. Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25704

2. Fiscal Year Covered From: 01 / 01 / 2005 Through 12 / 31 / 2005

3 Name and address of person filing

Name: Van Little

P O Box Bldg Room No. If any:

Street: 7 Hodges Drive

City: Hampton

State: VA ZIP Code + 4: 23666

4. Name file number and address of labor organization.

Name: NPMHU-Local 305

Labor Organization File Number: 091-866

P O Box, Building and Room Number If any:

Street: 4907 Fitzhugh Ave., Ste. 100

City: Richmond

State: VA ZIP Code + 4: 23230

5 Position in labor organization: Union Representative/Health Representative

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: Van L. Little On 05/12/06 (Date) 804/245-1745 (Telephone Number)

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Name of Person Filing Van Little | File Number U-

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 and address of Business (including trade name, if any).

Name First Health

Trade Name If any

P O Box Bldg. Room No. If any 3200 Highland Ave.

Street 3200 Highland Ave.

City Downers Grove

State IL ZIP Code + 4 60515

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

Administrator of Health Plan

11.b. Approximate dollar value of such dealing OVER $1 Billi

12.a Nature of interest held or income received

Hospitalities, Awards Banquet & outside activity

12.b. Amount $400

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