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

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25774	2 Fiscal Year Covered From 1/1/2005 Through 12/31/2005
3 Name and address of person filing Name James Bitzer P O Box Bldg Room No if any Street 3321 Remy Drive City Lansing State MI ZIP Code + 4 8906	4 Name file number and address of labor organization Name BAC Local #9 Labor Organization File Number 537-376 P O Box Building and Room Number if any Street 3321 Remy Drive City Lansing MI State MI ZIP Code + 4 8906
5 Position in labor organization Secretary - Treasurer	

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 James Bitzer On 5-11-06 Date 517-886-9781 Telephone Number

Name of Person Filing	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)	9 Business deals with
Name Michigan BAC Fringe Benefit Funds Trade Name if any P O Box Bldg Room No if any Street 6525 Centurion Drive City Lansing State MI ZIP Code + 4 8917-9275	a Labor Organization X b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Michigan BAC Fringe Benefit Funds Trade Name if any P O Box Bldg Room No if any Street 6525 Centurion Drive City Lansing State MI ZIP Code + 4 8917-9275	11 a Nature of such dealing Expense reimbursement as BAC fringe Benefit as Trustee Apprenticeship + Training Fund Employer Cooperation Trust Health Care Fund 11 b Approximate dollar value of such dealing $342 24 12 a Nature of interest held or income received 12 b Amount

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)	14 a Nature of payment
Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment