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 ~~517059~~ 25781

2 Fiscal Year Covered From: 1 / 01 / 2005 Through: 12 / 31 / 2005

3 Name and address of person filing.

Name: Jimmy Bryant

P O Box, Bldg Room No if any

Street: 5220 Mariposa

City: Albuquerque

State: New Mexico ZIP Code + 4: 87120

4 Name, file number and address of labor organization

Name: NPMHU 331

Labor Organization File Number: 517059

P O. Box, Building and Room Number if any: P.O. 25364

Street

City: Albuquerque

State: New Mexico ZIP Code + 4: 87125

5 Position in labor organization: Health Plan 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: Jimmy Bryant On: 5/15/06 (Date) 505 346 8697 (Telephone Number)

Name of Person Filing | File Number (if

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

Street 3200 Highland Ave

City Downers Grove, Ill

State Illinois 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

First Health

11.b. Approximate dollar value of such dealing 1 Billion

12.a Nature of interest held or income received

Dinners, Breakfast

12.b. Amount $500.00

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