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- 3200

2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name: Robert F Rayes

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

Street: 36171 Pompano Drive

City: Sterling Heights

State: Michigan ZIP Code + 4: 48077

4. Name, file number, and address of labor organization.

Name: Teamsters Local Union No. 51

Labor Organization File Number: 037873

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

Street: 2741 Trumbull Avenue

City: Detroit

State: Michigan ZIP Code + 4: 48216

5. Position in labor organization: President, Business Agent

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: Robert F. Rayes On: 7-11-05 (Date) 313-963-3666 (Telephone Number)

Name of Person Filing Robert Rayes	File Number U- 3200

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: Michigan Conf. of Teamsters Welfare Fund

Trade Name, if any:

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

Street: 2700 Trumbull Avenue

City: Detroit

State: Michigan ZIP Code + 4: 48216-1269

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.

MI Conf. of Teamsters Welfare Fund is a Taft-Hartley multi-employer, health & welfare fund providing benefits to employees represented by the Teamsters Union. Mr. Rayes is a Fund Trustee and received reimbursement for attending educational conferences.

11.b. Approximate dollar value of such dealing.

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

See Form LM-30 Additional Information Page attached.

12.b. Amount. $150

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.

Name of Person Filing Robert Rayes	File Number U- 3200

Part B Continuation Page

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: Groom Law Group, Chartered

Trade Name, if any:

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

Street: 1701 Pennsylvania Ave, NW, Ste 1200

City: Washington

State: District of Columbia ZIP Code + 4: 20006-5811

9. Business deals with:

- [ ] 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 Conf. of Teamsters Welfare Fund

Trade Name, if any:

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

Street: 2700 Trumbull Avenue

City: Detroit

State: Michigan ZIP Code + 4: 48216-1269

11.a. Nature of such dealing.

Groom Law Group, Chartered provides legal services, primarily with regard to ERISA, to the Michigan Conference of Teamsters Welfare Fund. Mr. Rayes is a Trustee of the Michigan Conference of Teamsters Welfare Fund.

11.b. Approximate dollar value of such dealing. $157,000

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

On 12/21/2004, Groom Law Group, Chartered gave a holiday gift to Mr. Rayes consisting of a hat ($12 value) and a shirt ($25 value).

12.b. Amount. $37

Form LM-30 Additional Information Page

Name of Reporting Employee: Robert F. Rayes
Fiscal Year Covered From 1/1/2004 Through 12/31/2004

Part B, Item 12.a.

On 3/4/2004, the Michigan Conference of Teamsters Welfare Fund paid $915 to the International Foundation for the registration fee for Mr. Rayes to attend the IFEBP 50th Annual Employee Benefits Conference on 9/17 – 9/22/2004 in New Orleans, LA. In the previous fiscal year on 12/18/2003, the Board of Trustees approved Mr. Rayes' attendance at the conference and reimbursement for registration and conference costs. The reservation was cancelled and a refund was received by the Michigan Conference of Teamsters Welfare Fund in the amount of $765 on 8/27/2004. The difference between the deposit amount and refund amount was a cancellation fee in the amount of **$150** that the Michigan Conference of Teamsters Welfare Fund paid on behalf of Mr. Rayes.