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 Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5086

2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.

Name: NICHOLAS O HICKS

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

Street: 1010 N MAIN ST

City: SPEEDWAY

State: IN ZIP Code + 4: 46224

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

Name: GRAPHIC COMM. LOCAL 303M

Labor Organization File Number: 511-211 ~~511-211~~

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

Street: 1010 N. MAIN ST.

City: SPEEWAY

State: IN ZIP Code + 4: 46224

5. Position in labor organization. PRESIDENT LOCAL 303M / ADMIST. OF LOCAL 303 H&W FUND

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: Nicholas O. Hicks On: 7-22-05 (Date) 317-244-1572 (Telephone Number)

Form LM-30 (2003)

Name of Person Filing NICHOLAS O. HICKS	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: GRAPHIC COMM. LOCAL 303M

Trade Name, if any: GCU LOCAL 303M

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

Street: 1010 N. MAIN ST.

City: SPEEDWAY

State: IN ZIP Code + 4: 46224

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: GRAPHIC COMM. LOCAL 303 H&W FUND

Trade Name, if any: GCU LOCAL 303 H&W FUND

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

Street: 1010 N. MAIN ST.

City: SPEEDWAY

State: IN ZIP Code + 4: 46224

11.a. Nature of such dealing.

PRESIDENT LOCAL 303 M
MR. HICKS

11.b. Approximate dollar value of such dealing: N/A

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

MR. HICKS AS ADMIN. OF LOCAL 303 H&W FUNDS ATTENDED NATIONAL H&W CONF, NAPLES FLORIDA, NOV. 2004 AS GUEST

12.b. Amount: $ 1898.29

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.

US DOL ESA
REC'D
AUG-5 2005
OLMS DRDA

GRAPHIC COMMUNICATIONS INTERNATIONAL UNION
HEALTH AND WELFARE FUND
1010 N. MAIN STREET • SPEEDWAY, IN 46224
(317) 244-1572 • FAX (317) 486-8244

July 22, 2005

U.S. Dept. Of Labor
Frances Perkins Building
200 Constitution Ave., NW
Washington, DC 2010

To Whom This May Concern,

The intent of this letter is to inform you that it has been brought to my attention that we were to file this form by July 15, 2005. My Office did not receive the LM-30 From until approximately, July 14th. We had never seen this Form in the past and were not sure if it applied to our Organization. I had to do some inquiring about this Form and was informed that we do need to file it.

Please excuse the delay in the filing of this form, and in the future, we will make every effort to have it filed on a timely basis.

If you have any questions on this matter, please feel free to contact me.

Sincerely,

Nicholas O. Hicks

Nicholas O. Hicks
Administrator
GCU Local 303M Health and Welfare Fund