

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. 1245-0003
Expires: 07-31-2019

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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PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. LM-30 File Number **U-67556**

5. Labor Organization Identifying Information

2. Fiscal Year Covered: from 01/01/2016 through 12/31/2016

3. Amended Report - If this is an amended report, check here

4. Your Contact Information

| | | |
|---|----------|---------------|
| Name AUTO WORKERS AFL-CIO | | |
| Street address 8000 E JEFFERSON, | | |
| City DETROIT | State MI | ZIP 482143963 |
| File number 000-149 | | |
| Officer <input type="checkbox"/> Employee <input checked="" type="checkbox"/> | | |
| Your officer position or job title Senior Benefits Consultant | | |

Name (first, middle, last) Renee L Turner-Bailey

Street address 8000 East Jefferson Avenue,

City Detroit State MI ZIP 482143963

Email address (optional) runner1978@gmx.com

Complete **PART A, B, or C** if, during the past fiscal year, you or your spouse or minor child directly or indirectly had a reportable interest in, transaction or arrangement with, or received income, payment, or benefit from the entities described below.

PART A - REPRESENTED EMPLOYER. An employer whose employees your labor organization represents or is actively seeking to represent.

6. Name of represented employee Blue Cross Blue Shield of Michigan

Contact name Michele A Samuels Telephone 313-225-0020

Street Address 600 E Lafayette Blvd.,

City Detroit State MI ZIP 482262298

7.a. Nature of interest, transaction, benefit, arrangement, income, or loan.
Director Fees donated to charities

7.b. Amount or value of interest, transaction, benefit, arrangement, income, or loan.
\$32,439

15. Signature and Verification

The undersigned declares, under penalty of perjury and other applicable penalties of 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.

Signed Renee L Turner-Bailey

On Mar 31, 2017

Telephone Number 313-926-5000

PART B - BUSINESS. A business, such as a vendor or service provider, (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer described in Part A 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.

No information was reported in PART B.

PART C - OTHER EMPLOYER OR LABOR RELATIONS CONSULTANT. An employer (other than an employer or business covered under Parts A and B above) from whom a payment would create an actual or potential conflict between your personal financial interests and the interests of your labor organization (or your duties to your labor organization); or a labor relations consultant to such an employer or to the employer listed in Part A.

No information was reported in PART C.

Form LM-30 (Revised 2011)