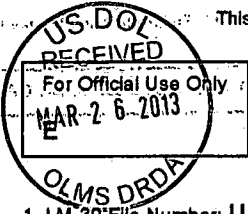


LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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.



PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. LM-30 File Number: U- 57458 28271 519982
2. Fiscal Year Covered: from 01/01/2012 through 12/31/2012
(mm/dd/yyyy) (mm/dd/yyyy)
3. Amended Report - If this is an amended report, check here:

4. Your Contact Information

Name (first, middle, last)	<u>Carl E. Swartz</u>
Street address	<u>1440 Bellefontaine Ave.</u>
City	<u>Lima</u> State <u>Ohio</u> ZIP <u>45804</u>
Email address (optional)	

5. Labor Organization Identifying Information

Name	<u>UAW Local 2075</u>		
Street address	<u>1440 Bellefontaine Ave.</u>		
City	State	ZIP	
<u>Lima</u>	<u>Ohio</u>	<u>45804</u>	
File number	<u>511-992</u>		
Officer <input checked="" type="checkbox"/>	Employee <input type="checkbox"/>		
Your officer position or job title			
<u>President</u>			

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 employer <u>General Dynamics</u>	7.a. Nature of interest, transaction, benefit, arrangement, income, or loan
Contact name <u>Paul Belsito</u> Telephone <u>(586) 825-4281</u>	<u>office space, furniture, phones, computers</u>
Street address <u>38500 Mound Rd.</u>	<u>working lunches</u>
City <u>Sterling Heights</u> State <u>MI</u> ZIP <u>48310-3200</u>	7.b. Amount or value of interest, transaction, benefit, arrangement, income, or loan
	<u>office - \$69,020</u>
	<u>lunches - \$101</u>

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 Carl E. Swartz On 03/20/2013 Telephone Number (419) 229-7593
Date (mm/dd/yyyy)

File Number U - _____

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.

8. Name of business _____ Contact name _____ Telephone _____ Street address _____ City _____ State _____ ZIP _____	11.a. Nature of dealings
9. Business deals with <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	11.b. Value of dealings
10. If 9.b. or 9.c. is checked give trust or employer's name _____ Contact name _____ Telephone _____ Street address _____ City _____ State _____ ZIP _____	12.a. Nature of interest, benefit, arrangement, or income 12.b. Amount or value of interest, benefit, arrangement, or income

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.

13.a. Contact information for employer or labor relations consultant Name of employer or labor relations consultant _____ Contact name _____ Telephone _____ Mailing address _____ City _____ State _____ ZIP _____	14.a. Nature of payment
13.b. Type of entity: Is the entity <input type="checkbox"/> an employer or <input type="checkbox"/> a consultant?	14.b. Amount or value of payment