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- 10164

2. Fiscal Year Covered From 01 / 01 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name: WILLIAM P SCHMIEDEL SR

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

Street: 67 SOUTH MAPLE ST

City: AKRON

State: OH ZIP Code + 4: 44302-1628

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

Name: IUPAT - DC 6

Labor Organization File Number: 037989

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

Street: 8257 DOW CIRCLE

City: STRONGSVILLE

State: OH ZIP Code + 4: 44136

sition in labor organization: BUSINESS 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: William P. Schmiedel Sr. On 08-14-05 (Date) 330-535-0979 (Telephone Number)