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- 80173

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

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

Name Teamsters Local Union No. 637

Labor Organization File Number 006-628

P.O. Box, Building and Room Number, if any P.O. Box 2746

Street 100 Timber Run Road

City Zanesville

State Ohio ZIP Code + 4 43702-2746

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ur spouse or minor child directly or indirectly had any of the following interests
e exclusions set forth in the instructions):

th, or derived income or other economic benefit of
nization represents or is actively seeking to represent.

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

State ZIP Code + 4

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 John Shaff On 8/15/05 740-828-3978
Date Telephone Number

Name of Person Filing John Sheriff	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).	9. Business deals with:
Name Faulkner, Muskovitz & Phillips, LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Ninth Floor Street 820 West Superior Avenue City Cleveland State Ohio ZIP Code + 4 44113-1800	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. Attorneys For Unicr. 11.b. Approximate dollar value of such dealing. $5,000 12.a. Nature of interest held or income received. Holiday Gift Basket 12.b. Amount. $65

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).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.