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 - 10187	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Louis J Smith P.O. Box, Bldg., Room No., if any 10 Street E 15th Street City New York State New York ZIP Code + 4 10003	4. Name, file number, and address of labor organization. Name Local 810 International B'hood of Teamsters Labor Organization File Number 035-479 P.O. Box, Building and Room Number, if any 10 Street E 15th Street City New York State New York ZIP Code + 4 10003
5. Position in labor organization. Principal Officer	

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 _____ On 8/9/2005 (Date) 212 691 4100 (Telephone Number)

Name of Person Filing Louis Smith	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 United Wire Metal & Machine H&W Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any 10 Street E 15th Street City New York State New York ZIP Code + 4 10003	a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Wire Metal & Machine H&W Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any 10 Street E 15th Street City New York State New York ZIP Code + 4 10003	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Attendance at Educational Conference. 12.b. Amount. $1,678

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.

Name of Person Filing Louis Smith	File Number U-

Part B Continuation Page

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Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Wire Metal & Machine H&W Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any 10/05/2004 Street E 15th Street City New York State New York ZIP Code + 4 10003	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Reimbursement for dinner after Trustees meeting 12.b. Amount. $31

Name of Person Filing Louis Smith	File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any). Name United Wire Metal & Machine Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any 10 Street E 15th Street City New York State New York ZIP Code + 4 10003	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 United Wire Metal & Machine Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any 10 Street E 15th Street City New York State New York ZIP Code + 4 10003	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Attendance at Educational Conference. 12.b. Amount. $1,678

Name of Person Filing Louis Smith	File Number U-

Part B Continuation Page

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10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Wire Metal & Machine Pension Trade Name, if any: P.O. Box, Bldg., Room No., if any 10 Street E 15th Street City New York State New York ZIP Code + 4 10003	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Reimbursement for dinner after Trustees Meeting 12.b. Amount. $31

Name of Person Filing Louis Smith	File Number U-

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Local 810 Affiliated Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any 10 Street E 15th Street City New York State New York ZIP Code + 4 10003	a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Local 810 Affiliated Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any 10 Street E 15th Street City New York State New York ZIP Code + 4 10003	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Attendance at Educational Conference 5/2004 12.b. Amount. $3,785

Name of Person Filing Louis Smith	File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Local 810 Affiliated Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 10

Street E 15th Street

City New York

State New York ZIP Code + 4 10003

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 Local 810 Affiliated Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 10

Street E 15th Street

City New York

State New York ZIP Code + 4 10003

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

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

Attendance at Educational Conference 10/2004.

12.b. Amount. $3,683

SENDER: *COMPLETE THIS SECTION*

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Department of Labor
ESA/OLMS Room - 5616
200 Constitution Avenue
Washington, DC 20210-0001

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A. Signature

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☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
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