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- 70808

2 Fiscal Year Covered From. 3 / 1 / 2004 Through. 2 / 28 / 2005

3. Name and address of person filing.

Name: Emily M Moore

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

Street: 5509 Belmont Avenue #301

City: Cincinnati

State: Ohio ZIP Code + 4: 45224

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

Name: Ohio Council 8, AFSCME, AFL-CIO

Labor Organization File Number: 512927

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

Street: 6800 North High Street

City: Worthington

State: Ohio ZIP Code + 4: 43085

5 Position in labor organization: Regional Vice President

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: Emily M. Moore On 8/12/2005 (513)363-3698

Date Telephone Number

Name of Person Filing Emily Moore	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).

Name

Trade Name, if any

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

Street

City

State ZIP Code + 4

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

Trade Name, if any

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

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The Ohio AFSCME Care Plan is a Taft Hartley Fund that provides supplemental health care, life insurance and pre-paid legal services benefits to members of Ohio Council 8, AFSCME, AFL-CIO. Emily M. Moore is a trustee of the Ohio AFSCME Care Plan

11.b. Approximate dollar value of such dealing. $615,000

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

Reimbursed and paid expenses for Emily M Moore to attend the Ohio AFSCME Care Plan Board of Trustees meeting on November 10, 2004 (See schedule of expenses attached).

12.b. Amount. $153

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).

Name

Trade Name, if any

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

Street

City

State ZIP Code + 4

14 a. Nature of payment.

13.b Is the Business an Employer or Consultant ?

14.b Amount of payment.

Name of Person Filing Emily Moore	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).

Name

Trade Name, if any

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

Street

City

State ZIP Code + 4

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

Trade Name, if any

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

Street

City

State ZIP Code + 4

11.a Nature of such dealing.

The Ohio AFSCME Care Plan is a Taft Hartley Fund that provides supplemental health care, life insurance and pre-paid legal services benefits to members of Ohio Council 8, AFSCME, AFL-CIO. Emily M. Moore is a trustee of the Ohio AFSCME Care Plan.

11 b Approximate dollar value of such dealing. $615,000

12.a Nature of interest held or income received.

Reimbursed expenses for Emily M. Moore to attend the 50th Annual Employee Benefits Conference held in New Orleans, LA. from November 29 through December 5, 2004, (See schedule of expenses attached)

12.b Amount. $3,228

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)

Name

Trade Name, if any

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

Street

City

State ZIP Code + 4

14 a Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Attachment (2 of 2)

LM-30 12.a.
Filer: Emily M. Moore
Reporting Period: February 28, 2005

Reimbursed Expenses to attend
50th Annual Employee Benefits Conference
November 29 through December 5, 2004

Conference Fee:	$ 915.00
New Trustee Workshop:	$ 570.00
Breakfast:	$ 24.04
Lunch:	$ 23.27
Dinner:	$ 36.80
Cabs:	$ 25.00
Parking:	$ 2.00
Air Fare:	$ 488.20
Hotel Deposit	$1084.02

	$3228.33

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Attachment (1 of 2)
LM-30 12.a.
Filer: Emily M. Moore
Reporting Period: February 28, 2005

Reimbursed Expenses for
Attendance at November 10, 2004
Ohio AFSCME Care Plan
Board of Trustees Meeting

Hotel:	$137.44
Telephone:	$ 17.58