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- 11009	2. Fiscal Year Covered From 1 / 1 / 04 Through 12 / 31 / 04
3. Name and address of person filing Name James A. Miller P.O. Box, Bldg., Room No., if any Street 10221 E. 40 Hwy City Independence State Missouri ZIP Code + 4 64055	4. Name, file number, and address of labor organization Name Graphic Communications Int'l Union Labor Organization File Number 028861 Local 235-M P.O. Box, Building and Room Number, if any Street 10221 E. 40 Hwy City Independence State Missouri ZIP Code + 4 64055
5. Position in labor organization 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 James A. Miller On 8/12/05 (Date) 816-358-4248 (Telephone Number)

Name of Person Filing	James A. Miller	File Number U-

8 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 Ian W. Jones

Trade Name, if any
The Marco Consulting Group

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

Street 550 West Washington

City Chicago

State Ill. ZIP Code + 4 60661

9 Business deals with

a Labor Organization

(b) Trust

c Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Supplemental Retirement and Disability Fund

Trade Name, if any.

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

Street 1900 L Street, NW. 9th Floor

City Washington

State DC ZIP Code + 4 20036

11.a. Nature of such dealing

Financial Consultant to Fund

11.b. Approximate dollar value of such dealing. 97.07

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

Dinner 3/16/04 During Trustees Meetings of 3/14/04-3/18/04

12.b. Amount. $97.07

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 James A. Miller	File Number U-

8. 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 Mark Hamilton Trade Name, if any: Lazard International Equity P.O. Box, Bldg., Room No., if any Street 30 Rockefeller Plaza-58th Floor City New York State New York ZIP Code + 4 10020	a. Labor Organization (b) Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Supplemental Retirement and Disability Fund Trade Name, if any. P.O. Box, Bldg., Room No., if any Street 1900 L Street, NW, 9th Floor City Washington State DC ZIP Code + 4 20036	11.a. Nature of such dealing Investment Manager 11.b. Approximate dollar value of such dealing. 45.00 12.a. Nature of interest held or income received. Dinner 1/8/04 during Trustee Meetings of 1/7/04-1/10/04. 12.b. Amount. $45.00

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	James A. Miller	File Number LM-

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: Stan Goldarb Trade Name, if any: Watson Wyatt P.O. Box, Bldg., Room No., if any Street: 1717 H Street NW City: Washington State: DC ZIP Code + 4: 20006	a. Labor Organization (b) Trust c. Employer
10. If 9.b. or 9.c is checked give trust or employer's name. Name: Supplemental Retirement and Disability Fund Trade Name, if any P.O. Box, Bldg., Room No., if any Street: 1900 L Street NW, 9th Floor City: Washington State: DC ZIP Code + 4: 20036	11.a. Nature of such dealing: Actuary 11.b. Approximate dollar value of such dealing: 45.00 12.a. Nature of interest held or income received: Dinner 9/1/04 During Trustee meetings of 9/1/04 - 9/3/04 12.b. Amount: $45.00

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	James A Miller	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: Richard Wells

Trade Name, if any: DePrince, Race & Zollo, Inc.

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

Street: 201 South Orange Ave., Suite 850

City: Orlando

State: FL ZIP Code + 4: 32801

9. Business deals with

a. Labor Organization

(b) Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: Supplemental Retirement and Disability Fund

Trade Name, if any:

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

Street: 1900 L Street, NW, 9th Floor

City: Washington

State: DC ZIP Code + 4: 20036

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing. 45.00

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

Dinner on 3/17/04 During Trustee Meetings of 3/14/04 - 3/18/04

12.b. Amount. $45.00

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 James A. Miller	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 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	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. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. During the course of 2004 I had some meals with employers of the members of Local 235-M. I do not recall who paid for the meals or what my share of the meals would have been if paid by the employer. 12.b. Amount. unknown

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.