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
Rec'd
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 11088	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Corey O Stephens P.O. Box, Bldg., Room No., if any P.O. Box 20168 Street City Washington State District of Columbia ZIP Code + 4 20041	4. Name, file number, and address of labor organization. Name Air Line Pilots Association, Intl. Labor Organization File Number 000-179 P.O. Box, Building and Room Number, if any Street 535 Herndon Parkway City Herndon State Virginia ZIP Code + 4 20170-5226
5. Position in labor organization. Staff Engineer	

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 3/9/2005 (703) 689-4333
Date Telephone Number

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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
Employment Standards Admin
Office of Labor-Management
200 Constitution Ave, NW Room N 5616
Washington, DC 20210

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Name of Person Filing Corey Stephens	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 FlightScape - Director International Sales

Trade Name, if any:

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

Street 30015 Oakland Hills Drive

City Georgetown

State Texas ZIP Code + 4 78628

9. Business deals with:

- [ ] a. Labor Organization
- [ ] b. Trust
- [x] c. Employer

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

Name Air Line Pilots Association, Intl.

Trade Name, if any:

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

Street 535 Herndon Parkway

City Herndon

State Virginia ZIP Code + 4 20170-5226

11.a. Nature of such dealing.

ALPA uses the RAPS software package produced by FlightScape for FDR analysis.

11.b. Approximate dollar value of such dealing. $15,000

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

I asked if I could buy a shirt, they gave it to me. We have used their software for about 4 years.

12.b. Amount. $40

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.