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 11478

2. Fiscal Year Covered From. 1 / 1 / 2005 Through 12 / 31 / 2005

3 Name and address of person filing

Name MAX D STRAIN

P O Box Bldg Room No if any

Street 12869 S ST RD 63

City TERRE HAUTE

State Indiana ZIP Code + 4 47802

4 Name file number and address of labor organization

Name TEAMSTERS LOCAL UNION NO 135

Labor Organization File Number 009-836

P O Box Building and Room Number if any

Street 1233 S SHELBY ST

City INDIANAPOLI

State Indiana ZIP Code + 4 46203

5 Position in labor organization CONSTRUCTION CHAIRMAN

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 Max D Strain On 3/31/06 Date 812 232 9431 Telephone Number

DISCLAIMER

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct and reportable occurrences for calendar year 2005 Some items may have been unintentionally omitted If, in the future, It comes to my attention that there is a matter, which should have been reported for calendar year 2005, I will file an amended Form LM-30

Signature

3 31-06

Date

Name of Person Filing MAX STRAIN	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
- [ ] 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

12.b Amount.

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 INDIANA TEAMSTERS HEALTH BENEFITS FUND

Trade Name if any

P O Box Bldg Room No if any

Street 1233 S SHELBY ST

City INDIANAPOLIS

State Indiana ZIP Code + 4 46203

14 a Nature of payment.

IN MY POSITION A. TRUSTEE THE FUND PAID MY EXPENSES TO ATTEND THE IBT TRUSTEE SEMINAR IN MARCH 2005

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

14 b Amount of payment $945

Name of Person Filing	File Number U

Part C Continuation Page

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: INDIANA TEAMSTERS HEALTH BENEFITS FUND

Trade Name if any:

P O Box Bldg Room No if any:

Street: 1233 S SHELBY ST

City: INDIANAPOLIS

State: Indiana ZIP Code + 4: 46203

14 a Nature of payment

IN MY POSITION AS TRUSTEE THE FUND PAID MY EXPENSES TO ATTEND THE I F E B P FOUNDATION ANNUAL MEETING IN FEBRUARY 2005

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

14 b Amount of payment: $2 348

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:

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: rrrrrrr

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