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
AUG 24 2005
OLMS

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 1174

2. Fiscal Year Covered From 01 / 01 / 2004 through 12 / 31 / 2004

3. Name and address of person filing
Name: Paul Crist
P.O. Box, Bldg., Room No., if any:
Street: 166 Fernwood Lane
City: Grand Island
State: New York ZIP Code + 4: 14072

4. Name, file number, and address of labor organization
Name: Sheet Metal Workers Local Union No. 71
Labor Organization File Number: 009822
P.O. Box, Building and Room Number, if any:
Street: 24 Liberty Avenue
City: Buffalo
State: New York ZIP Code + 4: 14215

5. Position in labor organization: Business Agent

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: Sheet Metal Workers Local No. 71 JAC
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street: 24 Liberty Avenue
City: Buffalo
State: New York ZIP Code + 4: 14215

7a. Nature of Interest, Transaction, or Income
Reinbursements

7b. Amount.

$ 65.00	1/13/04	JAC Meeting - 1/8/04
215.25	3/15/04	Mileage - 2004 Regional Contest
562.41	3/23/04	Reimbursement for Contest Expenses
195.54	4/27/04	Reimbursement by SMACNA for OSHA program
499.33	6/14/04-10/5/04	School supplies
$1,537.53	Total	

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: [signature] On: 8/12/05 (Date) (716) 835-8836 (Telephone Number)

Name of Person Filing	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 N/A

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 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 N/A

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

TOSKI, SCHAEFER & CO., P.C.
CERTIFIED PUBLIC ACCOUNTANTS
555 INTERNATIONAL DRIVE
WILLIAMSVILLE NEW YORK 14221
TELEPHONE (716) 634-0700
FAX (716) 634 0764

NAME: PAUL CRIST

FORM TO FILE: FORM LM-30 "LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT"

SIGNATURES: PAUL CRIST TO SIGN, DATE AND WRITE IN TELEPHONE NUMBER

PAYMENTS: NO PAYMENT REQUIRED

WHEN TO FILE: AUGUST 15, 2005

WHERE TO FILE: U.S. DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF LABOR-MANAGEMENT STANDARDS
200 CONSTITUTION AVENUE N.W.
ROOM N-5616
WASHINGTON, D C 20210