U S Department of Labor
Office of Labor Management Standards
Washington DC 20210

US DOL Received AUG 22 2005 D OLMS DPDA

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 12402

2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name: Leon R Ward

P O Box Bldg Room No if any:

Street: 5621 Harney Road

City: Tampa

State: Florida ZIP Code + 4: 33610

4 Name file number and address of labor organization

Name: Local Union 915—IBEW

Labor Organization File Number: 038882

P O Box Building and Room Number if any:

Street: 5621 Harney Road

City: Tampa

State: Florida ZIP Code + 4: 33610

5 Position in labor organization: Executive Board Member

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: n/a

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: n/a

7 b Amount: $0

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: Leon R. Ward On 8/12/2005 (Date) 813-621-6451 (Telephone Number)

Name of Person Filing Leon Ward	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: Local Union 915 IBEW

Trade Name if any: Electricians Labor Organization

P O Box Bldg Room No if any:

Street: 5621 Harney Road

City: Tampa

State: Florida ZIP Code + 4: 33610

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: Tampa Area JATC

Trade Name if any: Electricians Training center

P O Box Bldg Room No if any:

Street: 5625 harney Road

City: Tampa

State: Florida ZIP Code + 4: 33610

11 a Nature of such dealing

Support Organization for the purpose of training apprentices & journeymen wiremen and other classifications in our organization

11 b Approximate dollar value of such dealing: $260

12 a Nature of interest held or income received

JATC Christmas Dinner/meeting- 91 58

Reimbursment for lost time conducting JATC Interviews - 168 80

12 b Amount: $260

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: n/a

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

14 a Nature of payment

n/a

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

14 b Amount of payment: