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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US DOL ESA OLMS AUG 15 2005 NEW ORLEANS RECEIVED

US DOL ESA Rec'd NOV 25 2005 OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 13406

2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name ROBERT F JAEGER

P O Box Bldg Room No if any

Street 35 WOODVINE COURT

City COVINGTON

State LA ZIP Code + 4 70433

4 Name file number and address of labor organization

Name UNITED ASSOC. OF PLUMBING + PIPE FITTING INDUSTRY

Labor Organization File Number 000-111

P O Box Building and Room Number if any P.O. BOX 37800

Street

City WASHINGTON

State DC ZIP Code + 4 20013

5 Position in labor organization INTERNATIONAL REPRESENTATIVE

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 [signature] On 8-11-2005 (985) 871-8282

Date Telephone Number

Name of Person Filing Robert F. JAEGER	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 0 12 a Nature of interest held or income received 12 b Amount 0

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 MECHANICAL CONTRACTORS ASSN OF N.O. Trade Name if any P O Box Bldg Room No if any P O BOX 51238 Street City NEW ORLEANS State LA ZIP Code + 4 70151	-MEAL 12/04 179.26
13 b Is the Business an Employer X or Consultant ?	14 b Amount of payment. 179 26

Robert F. JAEGER | 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 0

12 a Nature of interest held or income received

12 b Amount. 0

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 NATIONAL INSPECTION TESTING CERTIFICATION

Trade Name if any

P O Box Bldg Room No if any

Street 501 SHATTO PLACE, St 201

City LOS ANGELES

State CA ZIP Code + 4 90020

14 a Nature of payment.

-NITC MEETING (meal/Hotel) 2/04	1,201.38
- NITC MEETING-(meal) 6/04	71.46
-NITC MEETING-(meal) 10/04	31.62
-NITC MEETING(meal) 12/04	79.88
-NITC GIFT 12/04	73.40

13 b Is the Business an Employer X or Consultant ?

14 b Amount of payment. 1,457.74

Name of Person Filing	Robert F JAEGER	File Number U

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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 PIPE INDUSTRY PROGRESS + EDUCATION TRUST FUND Trade Name if any P O Box Bldg Room No if any Street 501 SHATTO PLACE Suite 201 City LOS ANGELES State CA ZIP Code + 4 90020	- GIFT 12/04 179.26
13 b Is the Business an Employer X or Consultant ?	14 b Amount of payment 179 26