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
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DOL Rec'd 01 2005 OLMS BRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 1347 INITIAL FILING

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

3 Name and address of person filing

Name JAMES J SCHNEIDER

P O Box Bldg Room No if any

Street 820 LIONS DRIVE

City TROY

State ILLINOIS ZIP Code + 4 62294

4 Name file number and address of labor organization

Name OP&CMIA LOCAL 90

Labor Organization File Number 013-909

P O Box Building and Room Number if any

Street 820 LIONS DRIVE

City TROY

State ILLINOIS ZIP Code + 4 62294

5 Position in labor organization VICE PRESIDENT

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 7/20/05 Date 618 667 2562 Telephone Number

Name of Person Filing: JAMES J. SCHNEIDER | File Number U: INITIAL FILING

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: JOINT APPRENTICESHIP FUND

Trade Name if any: LOCAL #90 O.P.C.M.I.A.

P O Box Bldg Room No if any:

Street: 820 LIONS DR.

City: TROY

State: IL ZIP Code + 4: 62294

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: JOINT APPRENTICESHIP FUND

Trade Name if any: LOCAL # 90 O.P.C.M.I.A.

P O Box Bldg Room No if any:

Street: 820 LIONS DR

City: TROY

State: IL ZIP Code + 4: 62294

11 a Nature of such dealing: APPRENTICE INSTRUCTOR

11 b Approximate dollar value of such dealing: N/a

12 a Nature of interest held or income received: REIMBURSED AIRFARE FOR CONVENTION

12 b Amount: 299.—

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: