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 Rec'd OCT 18 2005 OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 1354/2

2. Fiscal Year Covered From: 07 / 15 / 04 Through: 07 / 14 / 05

3. Name and address of person filing.

Name: Tracy L Depuydt

P.O. Box, Bldg., Room No., if any:

Street: 4646 Brampton 27.5 Rd

City: Rapid River

State: MI ZIP Code + 4: 49878

4. Name, file number, and address of labor organization.

Name: Teamsters Local 328

Labor Organization File Number: 011760

P.O. Box, Building and Room Number, if any:

Street: 120 N. Lake St

City: Escanaba

State: MI ZIP Code + 4: 49829

5. Position in labor organization: Ducs Administrator

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.

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: Tracy Depuydt On: 7-28-05 (Date) 906-786-2743 (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.

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

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.

LOCAL UNION NO 328

International Brotherhood of Teamsters
120 N 6th Street
Escanaba, Michigan 49829
(906) 786-2743 Fax (906) 786-2801

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Sec'y-Treasurer/Principal Officer
William (Bill) T. Nelson

President - Lauri Berg

DATE: July 27, 2005

EMPLOYEE: Tracey Depuydt

TO: WILLIAM T. NELSON, SECRETARY/TREASURER – PRINCIPAL OFFICER LOCAL 328

SUBJECT: LM-30 Disclaimer 2005

Dear Brother Nelson:

I wish to report that the transactions, dealings and interests that are reported in the attached Form LM-30 represent my good-faith effort to reconstruct, to the best of my ability, any and all reportable occurrences for the calendar year 2005.

In the instance that some items might have been omitted it would be absolutely unintentional. If, in the future, it should come 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.

Tracey Depuydt
Signature

7-28-05
Date