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 11-30-2008

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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 13620

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

3. Name and address of person filing.

Name: Charles Cantrell

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

Street: 135 Main Street

City: Elkhorn City

State: Kentucky ZIP Code + 4: 41522

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

Name: United Steelworkers Local No. 14581

Labor Organization File Number: 012-043

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

Street: 135 Main Street

City: Elkhorn City

State: Kentucky ZIP Code + 4: 41522

5. Position in labor organization.

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: Charles Cantrell On: 8-15-05 (Date) 606-754-9730 (Telephone Number)

Name of Person Filing Charles Cantrell | 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 United Steelworkers Welfare Fund

Trade Name, if any:

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

Street 333 West Vine Street Suite 500

City Lexington

State Kentucky ZIP Code + 4 40507

9. Business deals with:

- [X] 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.

Trustee reimbursement for Trustee Meeting attendance. Meeting date May 6, 2004 Pikeville Ky.

11.b. Approximate dollar value of such dealing. $63

12.a. Nature of interest held or income received.

Reimbursement of private automobile @ $.375 per mile plus per diem allowance.

12.b. Amount. $63

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.

Name of Person Filing Charles Cantrell | File Number U-

Part B Continuation Page

13. 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: United Steelworkers Welfare Fund

Trade Name, if any:

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

Street: 333 West Vine Street Suite 500

City: Lexington

State: Kentucky ZIP Code + 4: 40507

9. Business deals with:

- [X] 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.

Trustee reimbursement for Trustee Meeting attendance meeting date August 10, 2004 Pikeville Ky.

11.b. Approximate dollar value of such dealing. $63

12.a. Nature of interest held or income received.

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name: United Steelworkers Pension Fund

Trade Name, if any:

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

Street: 333 West Vine Street Suite 500

City: Lexington

State: Kentucky ZIP Code + 4: 40507

9. Business deals with:

- [X] 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.

Trustee reimbrusement for Trustee Meeting attendance meeting date May 6, 2004 Pikeville Ky.

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Trade Name, if any:

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

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