U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

Form approved
Office of Management
and Budget
No. 1215-0188
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FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fine, or civil penalties as provided by 29 U.S.0 439 or 440.

For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 17049	2. Fiscal Year Covered From: 01/01/04 Through 12/31/04
3. Name and address of person filing. Name David W. Brown P.O. Box, Bldg., Room No., if any Street 13115 Pavillion Court City Moreno Valley State CA ZIP Code + 4 92553	4. Name, file number, and address of labor organization. Name Teamsters Local 166 Labor Organization File Number 036206 P.O. Box, Bldg., Room No., if any P.O. Box 899 Street 18597 Valley Blvd. City Bloomington State CA ZIP Code + 4 92316-0899
5. Position in labor organization. Business Representative / 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 _____ On 8/10/05 (Date) (951) 236-9089 (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).	9. Business deals with:
Name	a. Labor Organization
Trade name, if any	(b.) Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	

10. If 9 b. or 9 c. is checked give trust or employer's name	11. a. Nature of such dealing.
Name Southern California Bakery Drivers Security Trust Fund	Hotel Room for Trust Meeting 8/20/04
Trade name, if any	
P.O. Box, Bldg., Room No., if any	11. b. Approximate dollar value of such dealing. $196.00
Street 1000 South Fremont St	12. a. Nature of interest held or income received.
City Alhambra	Hotel Room Santa Barbara
State CA ZIP Code + 4 91803	
	12. b. Amount $196.00

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	
Trade name, if any	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13. b. Is the Business an Employer or Consultant ?	14. b. Amount of payment.