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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 2004	2. Fiscal Year Covered From: 01/01/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name SANDRA C KNUTSON	Name Air Line Pilots Assn, Int'l
	Labor Organization File Number 000-179
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7085-92nd St. So	Street 535 Herndon Parkway
City Cottage Grove	City Herndon
State MN ZIP Code + 4 55016	State VA ZIP Code + 4 20170-5226
5. Position in labor organization. Office Supervisor/Meeting Coordinator (Employee)	

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. Add New Part A

6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any.	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	

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 Sandra C. Knutson On 3/30/05 (Date) 952-853-2308 (Telephone Number)

Form LM-30 (2003)

Print Report

Name of Person Filing: Sandra C. Knutson | File Number U- 2004

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.

Add New Part B

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

Name: St. Paul Hotel

Trade Name, if any:

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

Street: 350 Market St.

City: St. Paul

State: MN ZIP Code + 4: 55102

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.

1st Qtr union meeting at hotel

11.b. Approximate dollar value of such dealing. $45,000

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

gift to meeting planner
robe
Concierge comp tickets to Hockey game

12.b. Amount. 340.00

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.

Add New Part C

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.