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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**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U 25398

2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005

3 Name and address of person filing

Name Joe W Sutton

P O Box Bldg Room No if any

Street 4124 Jackson Road

City Rantoul

State Kansas ZIP Code + 4 66079-9072

4 Name file number and address of labor organization

Name Teamsters Local Union No 838

Labor Organization File Number 042299

P O Box Building and Room Number if any

Street 4501 Emanuel Cleaver II Boulevard

City Kansas City

State Missouri ZIP Code + 4 64130 2368

5 Position in labor organization Trustee & Assistant Business Rep

**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 Joe W Sutton On 03/13/2006 (816) 924 3460

Date Telephone Number

| Name of Person Filing Joe Sutton | 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 Keith Mark

Trade Name if any Attorney at Law

P O Box Bldg Room No if any

Street 4501 Emanuel Cleaver II Boulevard

City Kansas City

State Missouri ZIP Code + 4 64130 2368

14 a Nature of payment.

Christmas Gift of a Gift Certificate to any merchant on the Plaza in Kansas City Missouri

13 b Is the Business an Employer ☐ or Consultant ☒ ?

14 b Amount of payment $50

| Name of Person Filing Joe Sutton | File Number U |
|---|---|

**Part C Continuation Page**

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 American Income Life Insurance Company<br>Trade Name if any<br>P O Box Bldg Room No if any<br>Street 10307 Blue Ridge Boulevard<br>City Kansas City<br>State Missouri ZIP Code + 4 64134 1914 | Accidental Life Insurance Policy of $2 000 00 given to all Teamsters Local 838 Members Officers and Staff |
| 13 b Is the Business an Employer ☐ or Consultant ☐ ? | 14 b Amount of payment |

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| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) | 14 a Nature of payment |
|---|---|
| Name<br>Trade Name if any<br>P O Box Bldg Room No if any<br>Street<br>City<br>State ZIP Code + 4 | |
| 13 b Is the Business an Employer ☐ or Consultant ☐ ? | 14 b Amount of payment |

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| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) | 14 a Nature of payment |
|---|---|
| Name<br>Trade Name if any<br>P O Box Bldg Room No if any<br>Street<br>City<br>State ZIP Code + 4 | |
| 13 b Is the Business an Employer ☐ or Consultant ☐ ? | 14 b Amount of payment |