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

US DOL ESA REC'D MAY 15 2006 OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25497

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

3. Name and address of person filing.

Name: ROBERT T FRANKLIN

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

Street: 9232 BAYBERRY LANE

City: TINLEY PK.

State: IL ZIP Code + 4: 60477

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

Name: INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS

Labor Organization File Number: LOCAL 2 000-191

P.O. Box, Building and Room Number, if any: SUITE 206

Street: 300 S. ASHLAND

City: CHICAGO

State: IL ZIP Code + 4: 60607

5. Position in labor organization: BUSINESS REPRESENTATIVE

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: Robert T. Franklin On: 5-11-06 (Date) 708-429-5471 (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: Elevator Industry Work Preservation Fund

Trade Name, if any: EIWPF

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

Street: 12914 Erlene Drive

City: Chester

State: Virginia ZIP Code + 4: 23831

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.

Per direction of the U.S. DOL OLMS, Part B includes transactions including reimbursement of valid expenses by a trust in which a labor organization is interested as though the trust was a business. The information for item 11b is not in my possession.

11.b. Approximate dollar value of such dealing.

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

The amount in 12b includes expenses paid by the filer and reimbursed to the filer by the EIWPF and/or expenses paid by the EIWPF related to the filer's attendance for business of the EIWPF.

12.b. Amount: $391.00

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).

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.