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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DOL-LM-30 Rec'd AUG 17 2005 B OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25952

2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.

Name: RONALD H KIRSCHNER

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

Street: 3565 SEPVIVA ST.

City: PHILADELPHIA

State: PENNA. ZIP Code + 4: 19134

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

Name: NCFO / SEIU LOCAL 473

Labor Organization File Number: 010220

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

Street: 3565 SEPVIVA ST.

City: PHILA.

State: PA ZIP Code + 4: 19134

5. Position in labor organization: PRESIDENT LOCAL 473

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: CHESTER WATER AUTHORITY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: PO. BOX 467

Street: 5th WELSH STREETS

City: CHESTER

State: PA. ZIP Code + 4: 19016

7.a. Nature of Interest, Transaction, or Income.

COLLECTIVE BARGAINING AGREEMENT RATIFICATION DINNER W/SHOP STEWARDS

7.b. Amount.

$50.00

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: Ronald H Kirschner On: 8/15/05 (Date) 215 533-8440 (Telephone Number)

Name of Person Filing RONALD H. KIRSCHNER	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: JANNEY, MONTGOMERY, SCOTT

Trade Name, if any:

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

Street: 2 BALA CYNWYD PLAZA

City: BALA CYNWYD

State: PA. ZIP Code + 4: 19004

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.

BASKETBALL GAME
PHILA. 76 ERS

SEE ATTATCHED

11.b. Approximate dollar value of such dealing. 150.00

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

12.b. Amount. N/A

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

N/A

14.a. Nature of payment.

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.

Name of Person Filing: RONALD H. KIRSCHNER | 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: SPEAR / WILDERMAN

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: SUITE 1400

Street: 230 S. BROAD ST.

City: PHILA

State: PA ZIP Code + 4: 19102

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.

PHILLIES TICKETS
FLYERS TICKETS

SEE ATTACHED

11.b. Approximate dollar value of such dealing: 225.00

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

12.b. Amount: N/A

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:

N/A

14.a. Nature of payment.

N/A

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.

Name of Person Filing	RONALD H. KIRSCHNER	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: INDEPENDENCE BLUE CROSS

Trade Name, if any:

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

Street: 1901 MARKET STREET

City: PHILA

State: PA ZIP Code + 4: 19103-1480

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.

PHILLIES TICKETS
FLYERS TICKETS
DINNER / UNION LEAGUE SEE ATTATCHED SHEET.

11.b. Approximate dollar value of such dealing.

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

12.b. Amount. SEE ABOVE

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

N/A

14.a. Nature of payment.

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.

Name of Person Filing	File Number U-
RONALD H. KIRSCHNER	

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: SALTZ, MONGOLUZZI

Trade Name, if any:

P.O. Box, Bldg., Room No., If any: 1 LIBERTY PLACE 34TH FLOR

Street: 1650 MARKET ST

City: PHILA

State: PA ZIP Code + 4: 19103

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.

FLYERS GAME
DINNER

SEE ATTATCHED

11.b. Approximate dollar value of such dealing.

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

12.b. Amount. N/A

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:

N/A

14.a. Nature of payment.

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.

Name of Person Filing	RONALD H. KIRSCHNER	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: SWARZ & SCHWARZ

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: 34TH FLOOR

Street: ONE LIBERTY PLACE

City: PHILA

State: PA ZIP Code + 4: 19103

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.

PHILLIES GAME DINNER

SEE ATTACHED

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:

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

N/A

14.a. Nature of payment.

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment.

8-15-05

L/m 30

REPORTABLE EVENTS

SPEAR, WILDERMAN (ATTORNEY)

2 tickets FLYERS GAME	$65 @	=	130.00
2 tickets PHILLIES GAME	$40 @	=	81.00
1 PARKING PASS		=	14.00
			$225.00

INDEPENDENCE BLUE CROSS

4 PHILLIES GAMES	@ $50.00	=	200.00
2 FLYERS GAMES	@ $100.00	=	200.00
10/18/04 1 DINNER (FUND RAISER)	$100.00	=	100.00
			$500.00

JANNEY, MONTGOMERY, SCOTT.

2/23/04 1 ticket 76ERS GAME $75.00

SCHWARZ & SCHWARD

1 - DINNER Mtg.	$50.00
4 tickets PHILLIES @ 40.00	$160.00
	$210.00

SALTZ, MONGOLUZZI

4 - FLYERS TICKETS @ $85		$340.00
1 - DINNER Mtg	$50.00	$50.00
		390.00