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- 4364

2. Fiscal Year Covered From: JAN / 01 / 04 Through: DEC / 31 / 04

3. Name and address of person filing.

Name DANIEL L HELLMANN

P.O. Box, Bldg., Room No., if any SUITE 232

Street 300 SOUTH GRAND

City ST LOUIS

State MISSOURI ZIP Code + 4 63103

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

Name

Labor Organization File Number 028-325

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

Street

City

State ZIP Code + 4

5. Position in labor organization. VICE-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 NONE

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 Dan Hellmann

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 Dan Hellmann On 7-5-05 (Date) 314 533 8945 (Telephone Number)

Name of Person Filing DANIEL L HELLMANN	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 US BANK

Trade Name, if any: US BANCORP ASSET MANMT.

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

Street 800 NICOLLET MALL

City MINNEAPOLIS

State MINNESOTA ZIP Code + 4 55402-4645

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 APACIM

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 234

Street 300 S. GRAND

City ST LOUIS MO

State MISSOURI ZIP Code + 4 63103

11.a. Nature of such dealing.

BANK RELATIONSHIP

11.b. Approximate dollar value of such dealing. $50,083.20

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

2 BASEBALL TICKETS

12.b. Amount. $ 140.00

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.

Name of Person Filing DANIEL L HEUMANN	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 SPELTOR & WOLFE

Trade Name, if any:

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

Street 206 WEST ARGONNE

City KIRKWOOD

State MO ZIP Code + 4 63122

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.

PROVIDES LEGAL SERVICES

11.b. Approximate dollar value of such dealing. $39,255.00

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

CHRISTMAS GIFT. $47.50

12.b. Amount. $47.50

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.

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 HEALTHLINK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any BOX 790129

Street DEPT. HK

City ST LOUIS

State MISSOURI ZIP Code + 4 63179-0129

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 APAEIU

Trade Name, if any: TEAMSTERS HEALTH & WELFARE

P.O. Box, Bldg., Room No., if any SUITE 234

Street 300 SOUTH GRAND AVE

City ST LOUIS

State MISSOURI ZIP Code + 4 63102

11.a. Nature of such dealing.

INSURANCE PROVIDER

11.b. Approximate dollar value of such dealing. $100,505.15

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

1-BASE BALL TICKETS

12.b. Amount. $140.00

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.

b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.