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 - 4783

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

3. Name and address of person filing.

Name: JAMES W DILLON

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

Street: 3306 INDIAN TRAIL

City: RACINE

State: WI ZIP Code + 4: 53402-1144

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

Name: TEAMSTERS LOCAL 344

Labor Organization File Number: 036-973

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

Street: 10020 W. GREENFIELD AVE

City: MILWAUKEE

State: WI ZIP Code + 4: 53214-3906

5. Position in labor organization: ORGANIZER

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: James W Dillon On: 8-8-05 (Date) 262-681-0640 (Telephone Number)

Name of Person Filing JAMES W DILLON	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: M&I MARSHALL & ILSLEY

Trade Name, if any:

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

Street: 2440 4 MILE ROAD

City: RACINE

State: WI ZIP Code + 4: 53402-2091

9. Business deals with:

- [X] a. Labor Organization
- [X] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: MILWAUKEE DRIVERS H&W & PENSION FUND

Trade Name, if any:

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

Street: 10020 W. GREENFIELD AVE

City: MILWAUKEE

State: WI ZIP Code + 4: 53214-3906

11.a. Nature of such dealing.

MORGAGE, CHECKING ACCOUNTS, & SAVINGS ACCOUNTS

11.b. Approximate dollar value of such dealing.

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

MORGAGE, CHECKING ACCOUNTS, & SAVINGS ACCOUNTS

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:

14.a. Nature of payment.

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

14.b. Amount of payment.

2004 Form LM – 30 Disclaimer

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for the calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended form LM-30.

James W. Dillon

8-8-05

Date