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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US DOL ESA Rec'd AUG 12 2005 OLMS DPDA

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

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|---|---|
| 1. File Number U - 5687 | 2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing.<br>Name Susan K Dicke<br>P.O. Box, Bldg., Room No., if any<br>Street 789 River Meadows Drive<br>City Sheboygan Falls<br>State Wisconsin ZIP Code + 4 53085 | 4. Name, file number, and address of labor organization.<br>Name Teamsters Local Union No. 75<br>Labor Organization File Number 013658<br>P.O. Box, Building and Room Number, if any<br>Street 1546 Main Street<br>City Green Bay<br>State Wisconsin ZIP Code + 4 54302 |
| 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).<br>Name Dairy Farmers of America<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any P O Box 231<br>Street 802 South Street<br>City Plymouth<br>State Wisconsin ZIP Code + 4 53070 | 7.a. Nature of Interest, Transaction, or Income.<br>Husband (William Dicke) works at Dairy Farmers of America<br><br>7.b. Amount.<br>$34,718 |

**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 Sue Dicke On 8/9/2005 (920) 467-2313
Date Telephone Number

| Name of Person Filing Susan Dicke | 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). | 9. Business deals with: |
|---|---|
| Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4 | ☐ a. Labor Organization<br>☐ b. Trust<br>☐ c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.<br>Name<br>Trade Name, if any:<br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4 | 11.a. Nature of such dealing.<br><br>11.b. Approximate dollar value of such dealing.<br><br>12.a. Nature of interest held or income received.<br><br>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). | 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. |

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 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.

Sue Dicke
Signature

8/9/05
Date