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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 6038

2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name: Powell W Caldwell

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

Street: 7107 Cedarbrook Dr.

City: Charlotte

State: North Carolina ZIP Code + 4: 28215

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

Name: Teamsters Local Union No. 509

Labor Organization File Number: 036315

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

Street: 1213 State Street

City: Cayce

State: South Carolina ZIP Code + 4: 29033

5. Position in labor organization: Business Agent

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.

To the best of my knowledge I have nothing to report.

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: Powell Caldwell On: 08/10/2005 (Date) 803-796-6172 (Telephone Number)

Name of Person Filing Powell Caldwell	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: United Parcel Service

Trade Name, if any: UPS

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

Street: 124 Creekside Road

City: West Columbia

State: South Carolina ZIP Code + 4: 29172-1965

9. Business deals with:

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

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

Name: United Parcel Service

Trade Name, if any: UPS

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

Street: 124 Creekside Road

City: West Columbia

State: South Carolina ZIP Code + 4: 29172-1965

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

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

Spouse and I attended UPS awards program on 4/3/04 on behalf of Union to honor Local 509 members that had achieved 25 years of safe driving. UPS paid the cost of the entertainment and meal for all in attendance. UPS estimated cost $63 per person.

12.b. Amount. $126

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: none

Trade Name, if any:

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

Street:

City:

State: ZIP Code + 4:

14.a. Nature of payment.

To the best of my knowledge I have nothing to report.

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 occurrances 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 the calendar year 2004, I will file an ammended Form LM-30.

Powell Caldwell

Powell Caldwell

8-10-05

Date