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 - 7263	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Robert T Buffenbarger P.O. Box, Bldg., Room No., if any Room 318 Street 9000 Machinists Place City Upper Marlboro State Maryland ZIP Code + 4 20772-2687	4. Name, file number, and address of labor organization. Name International Association of Machinists & Aero Labor Organization File Number 000-107 P.O. Box, Building and Room Number, if any Room 318 Street 9000 Machinists Place City Upper Marlboro State Maryland ZIP Code + 4 20772-2687
5. Position in labor organization. International 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 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 R. Thomas Buffenbarger On 8/2/2005 (Date) 301-967-4502 (Telephone Number)

Name of Person Filing Robert Buffenbarger	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: Palm Springs Riviera

Trade Name, if any: Harbaugh Hotels

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

Street: 1600 North Indian Canyon Drive

City: Palm Springs

State: California ZIP Code + 4: 92263

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.

Hotel provides lodging and meeting facilities for union meetings and conferences.

11.b. Approximate dollar value of such dealing.

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

Fruit basket @ Western Territory Staff Mtg. 12/04
Christmas Gift Ham 12/04
Bottled water 2/04

12.b. Amount. $190

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.

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name: Kelly Press

Trade Name, if any:

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

Street: 1701 Cabin Branch Drive

City: Cheverly

State: Maryland ZIP Code + 4: 20875

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.

Company provides printing services to Union.

11.b. Approximate dollar value of such dealing.

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

Thanksgiving and Christmas Gift Ham/Turkey

12.b. Amount. $129

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name: Guerrieri, Edmond, Clayman & Bartos, PC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: Suite 700

Street: 1625 Massachusetts Avenue, NW

City: Washington

State: District of Columbia ZIP Code + 4: 20036

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.

Firm provides legal services to union.

11.b. Approximate dollar value of such dealing.

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

Holiday gift basket.

12.b. Amount. $200

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name O'Donoghue and O'Donoghue

Trade Name, if any:

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

Street 4748 Wisconsin Avnue, NW

City Washington

State District of Columbia ZIP Code + 4 20016

9. Business deals with:

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

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

Name IAM National Pension fund

Trade Name, if any:

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

Street 1300 Connecticut Avenue, NW

City Washington

State District of Columbia ZIP Code + 4 20036

11.a. Nature of such dealing.

Law firm provides legal services to Fund that provides pension benefits to IAM-represented employees.

11.b. Approximate dollar value of such dealing.

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

9/05 Dinner

12.b. Amount. $128