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 Office Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7312	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Frederick P McLuckie P.O. Box, Bldg., Room No., if any Street 3333 Runnymede Place, N.W. City Washington State District of Columbia ZIP Code + 4 20015	4. Name, file number, and address of labor organization. Name International Brotherhood of Teamsters Labor Organization File Number 000093 P.O. Box, Building and Room Number, if any Street 25 Louisiana Avenue, N.W. City Washington State District of Columbia ZIP Code + 4 20001
5. Position in labor organization. Legislative Coordinator	

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 Frederick P. McLuckie On 8/12/05 (202) 624-8741
Date Telephone Number

Street 444 Swann Avenue

City Alexandria

State Virginia ZIP Code + 4 22301

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

(including trade name, if any).

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.

Printing

11.b. Approximate dollar value of such dealing. Unknown

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

Dinner

12.b. Amount. $75

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

14.b. Amount of payment.