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 11-30-2008

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 - 022-947 7310	2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name MILTON M MENCHEY P.O. Box, Bldg., Room No., if any 1950 Street THOROUGHBRED City HENDERSON State NV. ZIP Code + 4 89015	4. Name, file number, and address of labor organization. Name PLUMBERS & PIPEFITTERS 525 Labor Organization File Number 022-947 P.O. Box, Building and Room Number, if any 760 Street N. LAMB Blvd. City LAS VEGAS State NV ZIP Code + 4 89110
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 MECHANICAL CONTRACTORS ASSOCIATION Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 1 Street 2640 S JONES BLVD. City LAS VEGAS State NV. ZIP Code + 4 89146	7.a. Nature of Interest, Transaction, or Income. APPRENTICE DINNER $50.00 CHRISTMAS DINNER $160.00 7.b. Amount. $210.00

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 Milton M Menchey On 8-10-05 (Date) 702-565-3638 (Telephone Number)

U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
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No. 1215-0188
Expires 11-30-2006

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7315

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

3. Name and address of person filing.

Name: Jeffery T Miller

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

Street: 900 Seventh Street NW

City: Washington

State: District of Columbia ZIP Code + 4: 20001

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

Name: Int'l Brotherhood of Electrical Workers

Labor Organization File Number: 000-116

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

Street: 900 Seventh Street NW

City: Washington

State: District of Columbia ZIP Code + 4: 20001

5. Position in labor organization: Office Employee

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: _____ On: 8/16/2005 (Date) 202-728-6091 (Telephone Number)

Name of Person Filing Jeffery Miller	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: Calibre CPA Group PLLC

Trade Name, if any:

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

Street: 1850 K Street NW

City: Washington

State: District of Columbia ZIP Code + 4: 20006

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.

Business Lunch Meeting Re: Audit and LM2 Discussions

11.b. Approximate dollar value of such dealing. $33

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

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.