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

AUG 15 2005 D OLMS DFDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7327

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

3. Name and address of person filing.

Name: Robert A Speare

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

Street: 8210 Wilson Ave.

City: Baltimore

State: Maryland ZIP Code + 4: 21234

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

Name: IUEC Local 7

Labor Organization File Number: 044-982

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

Street: 10014 Harford Rd.

City: Baltimore

State: Maryland ZIP Code + 4: 21234

5. Position in labor organization: Business Manager/Financial Secretar

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: Robert A Speare On: 8-10-05 (Date) 410-661-1491 (Telephone Number)

Name of Person Filing Robert Spears	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: National Elevator Industry Benifit Plan

Trade Name, if any:

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

Street: 19 Campus Blvd.

City: New Town Square

State: Pennsylvania ZIP Code + 4: 19073

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.

See Attached

11.b. Approximate dollar value of such dealing.

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

Trustee meeting Expencea

12.b. Amount: $6,111

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.

LM-30 Attachment

Name: Robert Spears
LM-30 File Number: To be assigned

Ending date of report period: 12/31/04

LM-30 Item Number	
11a	Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the union, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.

Name of Person Filing Robert Spears	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: National Elevator Industry Education Program

Trade Name, if any:

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

Street: 11 Larson Way

City: Attleboro Falls

State: Massachusetts ZIP Code + 4: 02763

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.

See Attached

11.b. Approximate dollar value of such dealing.

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

Apprentice instructor Salary.....$11,860
Training and Meeting Expences.....$ 537

12.b. Amount: $12,397

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.

LM-30 Attachment

Name: Robert Spears
LM-30 File Number: To be assigned

Ending date of report period: 12/31/04

LM-30 Item Number

11a Per direction provided by U.S. DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business. This guidance provides a trust's dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization. While the guidance is unclear, other transactions may be deemed to constitute dealings with the union, trusts, or employers reportable in 11b. Accordingly, no amount is reported in 11b.

City: New York

State: New York ZIP Code + 4: 10020

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.

Pension Fund Investment Manager

11.b. Approximate dollar value of such dealing. $583,644

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

Trustee Meeting Expences

12.b. Amount $117

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:

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

14.a. Nature of payment.

14.b. Amount of payment.