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 - 7407

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

3. Name and address of person filing.

Name: Barbara Callander

P.O. Box, Bldg., Room No., if any: Actors' Equity Association

Street: 165 West 46th Street

City: New York

State: New York ZIP Code + 4: 10036-2582

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

Name: Actors' Equity Association

Labor Organization File Number: 006-029

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

Street: 165 West 46th Street

City: New York

State: New York ZIP Code + 4: 10036-2582

5. Position in labor organization: member of National Council

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: Intiman Theatre

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: Box 19760

Street:

City: Seattle

State: Washington ZIP Code + 4: 98109

7.a. Nature of Interest, Transaction, or Income.

I received two tickets to opening night of one of their shows on June 16, 2004.

7.b. Amount.

$76-84 (est.)

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 Barbara Callander On 8/8/05 (212) 869-8530

Date Telephone Number

Name of Person Filing Barbara Callander	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.

None

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

Name

Trade Name, if any:

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

Street

City

State ZIP Code + 4

9. Business deals with:

- [ ] 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.

11.b. Approximate dollar value of such dealing.

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.

None

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.

Name of Person Filing Barbara Callander	File Number U-

Part A Continuation Page

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: David Stone

Trade Name, if any: 321 Theatrical Management

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

Street: 321 West 44th Street, Suite 801

City: New York

State: New York ZIP Code + 4: 10036

7.a. Nature of Interest, Transaction, or Income.

See Attached

7.b. Amount.

Unknown

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: David G. Richenthal

Trade Name, if any:

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

Street: 234 West 44th Street, #900

City: New York

State: New York ZIP Code + 4: 10036

7.a. Nature of Interest, Transaction, or Income.

See Attached

7.b. Amount.

Unknown

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: Robert Lupone

Trade Name, if any: MCC Theatre

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

Street: 145 West 28th Street, 8th Floor

City: New York

State: New York ZIP Code + 4: 10001

7.a. Nature of Interest, Transaction, or Income.

See Attached

7.b. Amount.

Unknown

Name of Person Filing Barbara Callander	File Number U-

Part A Continuation Page

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: Ben Gannon

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: c/o Albert Poland

Street: 311 West 43rd Street, #203

City: New York

State: New York ZIP Code + 4: 10036

7.a. Nature of Interest, Transaction, or Income.

See Attached

7.b. Amount.

Unknown

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.

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.

Add New Part A

Barbara Callander Year Ending 12/31/2004

Part A – Continuation Pages

7a. Nature of Interest, Transaction, or Income.

In my capacity as a Tony Voter for the annual Tony Awards, I received two tickets to four shows [and accompanying promotional material]. The producers who provided the tickets were obligated (by the American Theatre Wing, the non-profit organization that oversees these awards) to provide the tickets to all Tony Voters (including many management representatives) in order to be nominated under Tony rules.

Dates, shows, and producer information are listed below:

5/18/04	Wicked	David Stone, Producer 321 Theatrical Management 321 West 44th Street, Suite 801 New York, NY 10036
5/19/04	I Am My Own Wife	David G. Richenthal, Producer 234 West 44th Street, #900 New York, NY 10036
5/19/04	Frozen	Robert Lupone, Producer MCC Theatre 145 West 28th Street, 8th Floor New York, NY 10001
5/20/04	The Boy From Oz	Ben Gannon, Producer c/o Albert Poland 311 West 43rd Street, #203 New York, NY 10036