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

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US DOL ESA Rec'd AUG 16 2005 OLMS TRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7570

2. Fiscal Year Covered From: 07 / 01 / 2004 Through: 06 / 30 / 2005

3. Name and address of person filing.

Name Edward L Wertz

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

Street 623 7th Ave. N.

City Jacksonville Beach

State FL ZIP Code + 4 32250

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

Name Plumbers & Steamfitters L.U. #234

Labor Organization File Number 033180

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

Street 5411 Cassidy Road

City Jacksonville

State FL ZIP Code + 4 32254

5. Position in labor organization. Finance Committee

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 Edward L Wertz On 8/9/05 (Date) 904/241-1272 (Telephone Number)

State FL

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.

Apprentice & Journeyman Training. The Collective Bargaining Agreement states a certain amount will be paid for each man hour worked to the Apprenticeship Training Fund.

11.b. Approximate dollar value of such dealing.

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

Attended an Instructor Training Program in Ann Arbor, Michigan August 7-13, 2004.
Expenses Reimbursed - $1498.00
Air Fare Paid - $ 218.00
Wages & Fringes Reimb. - $1260.00

12.b. Amount. $2976.00

C. Received from any employer (other than an employer covered under parts A and B above)

(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.b. Amount of payment.