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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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7580

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

3. Name and address of person filing.

Name: Marc A Norberg

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

Street: 5425 W. Vliet St.

City: Milwaukee

State: Wisconsin ZIP Code + 4: 53208

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

Name: SMSHIA LU#18

Labor Organization File Number: 515431

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

Street: 5425 W. Vliet St.

City: Milwaukee

State: Wisconsin ZIP Code + 4: 53208

5. Position in labor organization: President/ Business Manager

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

16. 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: Marc Norberg On: 02/10/05 (Date) 414-778-1100 (Telephone Number)

Name of Person Filing Marc Norberg	File Number U-

Part B Continuation Page

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: NRMI

Trade Name, if any:

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

Street: 601 N. Fairfax St., Suite 250

City: Alexandria

State: Virginia ZIP Code + 4: 22314

9. Business deals with:

- [ ] a. Labor Organization
- [ ] b. Trust
- [x] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: NRMI

Trade Name, if any:

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

Street: 601 N. Fairfax St., Suite 250

City: Alexandria

State: Virginia ZIP Code + 4: 22314

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

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

Expense reimbursement, task force meeting

12.b. Amount. $108

Name of Person Filing Marc Norberg	File Number U-

Part B Continuation Page

8. 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: NRMI

Trade Name, if any:

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

Street: 601 N. Fairfax St., Suite 250

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State: Virginia ZIP Code + 4: 22314

9. Business deals with:

- [ ] a. Labor Organization
- [ ] b. Trust
- [x] c. Employer

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Trade Name, if any:

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

Street: 601 N. Fairfax St., Suite 250

City: Alexandria

State: Virginia ZIP Code + 4: 22314

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

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

Expense reimbursement, task force meeting

12.b. Amount: $71

Name of Person Filing Marc Norberg	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: Wisc. S.M.W. Health and Benefit Fund

Trade Name, if any:

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

Street: 5425 W. Vliet St.

City: Milwaukee

State: Wisconsin ZIP Code + 4: 53208

9. Business deals with:

- [ ] a. Labor Organization
- [x] b. Trust
- [ ] c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: Wisc. S.M.W. Health and Benefit Fund

Trade Name, if any:

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

Street: 5425 W. Vliet St.

City: Milwaukee

State: Wisconsin ZIP Code + 4: 53208

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

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

Trustee expense reimbursement

12.b. Amount. $325

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.

Name of Person Filing	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

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.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name The Segal Company

Trade Name, if any:

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

Street 101 North Wacker Drive, Suite 500

City Chicago

State Illinois ZIP Code + 4 60606-1724

14.a. Nature of payment.

Meal at KC Morans on 26AUG04 while attending SHRM Convention in Chicago

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment. $52

Name of Person Filing	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

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 Other 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.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Lincoln Electric

Trade Name, if any:

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

Street 22801 Saint Clair Avenue

City Cleveland

State Ohio ZIP Code + 4 44117-1199

14.a. Nature of payment.

Meal in conjunction with NIOSH weld fume task force meeting

13.b. Is the Business an Employer [ ] or Consultant [ ] ?

14.b. Amount of payment. $75

SHEET METAL WORKERS
INTERNATIONAL ASSOCIATION
LOCAL #18 - WISCONSIN
AFL-CIO

5425 WEST VLIET STREET
MILWAUKEE, WI 53208-2118

Telephone: (414) 778-1100 • Toll Free (In United States) 1-800-242-5822 • Fax: (414) 778-0987

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

NAME (PLEASE PRINT) Marc Norberg

SIGNATURE Marc Norberg

DATE: 02 AUG 05