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-7651	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name David D Crowe P.O. Box, Bldg., Room No., if any Street 7997 Clyde Oler Rd. City Greens Fork State Indiana ZIP Code + 4 47345	4. Name, file number, and address of labor organization. Name In/Ky Regional Council Of Carpenters Labor Organization File Number 060-114 P.O. Box, Building and Room Number, if any Street 2635 Madison Ave City Indianapolis State Indiana ZIP Code + 4 46225
5. Position in labor organization. Senior Millwright Rep	

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 [signature] On 8/8/05 (Date) 317-783-1391 (Telephone Number)

State New York ZIP Code + 4 10004

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

Name Indiana Carpenters Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 421789

Street

City Indianapolis

State Indiana ZIP Code + 4 46242

11.a. Nature of such dealing.

Provide Retirement Benefits

11.b. Approximate dollar value of such dealing. VARIES

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

Investment meeting Dinner for Aug.

12.b. Amount. $55

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

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.