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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AUG 15 2005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 788

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

3. Name and address of person filing.

Name: David C Baine

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

Street: 32116 42nd Place SW

City: Federal Way

State: Washington ZIP Code + 4: 98023-2405

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

Name: SPEEA, IFPTE Local 2001, AFL-CIO

Labor Organization File Number: 043-598

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

Street: 15205 52nd Avenue S

City: Seattle

State: Washington ZIP Code + 4: 98188

5. Position in labor organization: Dist. A-40 Council Representative

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: The Boeing Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: P.O. Box 3707 MC 67-LT

Street:

City: Seattle

State: Washington ZIP Code + 4: 98124-2207

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

Attend a dinner social with the Boeing Company Goverment Affairs representatives on 11/30/2004

7.b. Amount.

$40.

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: David C. Baine On: 08/08/2005 (Date) 253-846-4062 (Telephone Number)

City

State ZIP Code + 4

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.

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.b. Amount of payment.