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

E

US DOL Rec'd AUG 15 2005 D OLMS DPDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8232

2. Fiscal Year Covered From: 01 / 01 / 04 Through: 12 / 31 / 04

3. Name and address of person filing.

Name RICHARD J. PUTZ

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

Street 240 2nd STREET

City SAN FRANCISCO

State CA ZIP Code + 4 94105

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

Name I. A.T.S.E. LOCAL 16

Labor Organization File Number 004262

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

Street 240 2nd STREET

City SAN FRANCISCO

State CA ZIP Code + 4 94105

5. Position in labor organization. PRESIDENT

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 SHORENSTEIN-HAYS-NEDERLANDER

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 200

Street 1182 MARKET STREET

City SAN FRANCISCO

State CA ZIP Code + 4 94102

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

6 THEATER TICKETS

7.b. Amount.

390.00

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) 415-441-6400 (Telephone Number)