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

US DOL ESA Rec'd MAR 22 2006

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 8821	2. Fiscal Year Covered From: 1 / 01 / 05 Through: 12 / 31 / 05
3. Name and address of person filing. Name JAMES L. DAVIS P.O. Box, Bldg., Room No., if any Street 9519 QUICKSILVER City SAN ANTONIO State TEXAS ZIP Code + 4 78245	4. Name, file number, and address of labor organization. Name SHEET METAL WORKERS LU#67 Labor Organization File Number 005599 P.O. Box, Building and Room Number, if any Street 130 AVE DEL REY City SAN ANTONIO State TEXAS ZIP Code + 4 78216
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 SHEET METAL WORKERS LU#67 JATC SAN ANTONIO AREA Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 130 AVE DEL REY City SAN ANTONIO State TEXAS ZIP Code + 4 78216	7.a. Nature of Interest, Transaction, or Income. PERDIEM FOR ITI CLASSES SALARY FOR TEACHING APPRENTICE CLASSES AND OSHA 10 CLASSES LOST WAGES FOR ATTENDING ITI CLASSES LOST WAGES FOR INSTRUCTOR WORKSHOP 7.b. Amount. APPRENTICE TEACHING 2,406.00 LOST WAGES ITI CLASS 1,802.40 LOST WAGES WORKSHOP 367.36 PERDIEM 105.00 $4,680.76

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 James L. Davis On 3/7/06 (Date) 210-670-4295 (Telephone Number)

Name of Person Filing JAMES L. DAVIS	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).	9. Business deals with:
Name INTERNATIONAL TRAINING INSTITUTE FOR THE SHEET METAL AND AIR CONDITIONING INDUSTRY (ITI) Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 N. FAIRFAX ST., SUITE 240 City ALEXANDRIA, State VA ZIP Code + 4 22314	a. Labor Organization b. Trust XX c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name INTERNATIONAL TRAINING INSTITUTE FOR THE SHEET METAL AND AIR CONDITIONING INDUSTRY Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 601 N. FAIRFAX ST., SUITE 240 City ALEXANDRIA State VA ZIP Code + 4 22314	11.a. Nature of such dealing. ADV 14 CLASSES 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. perdiem 320.00 lodging 755.37 12.b. Amount. $1,075.37

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).	14.a. Nature of payment.
Name NORTHSIDE INDEPENDENT SCHOOL DISTRICT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5900 EVERS ROAD City SAN ANTONIO, TEXAS State TEXAS ZIP Code + 4 78245	INSTRUCTOR FOR SHEET METAL APPRENTICE NORTHSIDE ISD PAYS FOR PART OF SALARY
13.b. Is the Business an Employer YES or Consultant ?	14.b. Amount of payment. $4,000.14