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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US DOL ESA Rec'd AUG 17 2005 B OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9103

2 Fiscal Year Covered From 7 / 1 / 04 Through 8 / 1 / 05

3 Name and address of person filing

Name JOHN A Bielak

P O Box Bldg Room No if any

Street 904 Marshall Drive

City Erie

State Pennsylvania ZIP Code + 4 16505

4 Name file number and address of labor organization

Name Shopmens Local #642

Labor Organization File Number 26062

P O Box Building and Room Number if any

Street 904 Marshall Drive

City Erie

State Pennsylvania ZIP Code + 4 16505

5 Position in labor organization Financial Secretary/Treasurer

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 William C Legetti Jr

Trade Name if any Industworkers Employers Ass of Western Pennsylvania Inc

P O Box Bldg Room No if any

Street 2270 Noblestown Rd

City Pittsburgh

State Pennsylvania ZIP Code + 4 ~~16205~~ 15205

7 a Nature of Interest, Transaction or Income

Dinner Chophouse due Ohio IW District Council Meeting & Apprenticeship Competition (12 people attended)

7 b Amount

68.88

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 John A Bielak On 8-10-05 Date (814) 833-4974 Telephone Number

2

Name of Person Filing	File Number U
JOHN A BIELAK	

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: WILLIAM C. LIGETTI JR.

Trade Name if any: Ironworkers Employers Association of Western PA INC

P O Box Bldg Room No if any:

Street: 2270 Noblestown Rd

City: Pittsburgh

State: PA ZIP Code + 4: 15205

9 Business deals with

- [x] 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:

Trade Name if any:

P O Box Bldg Room No if any:

Street:

City:

State: ZIP Code + 4:

14 a Nature of payment.

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

14 b Amount of payment.

U S. Department of Labor
Office of Labor-Management
Standards
Washington DC 20210

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9104

2. Fiscal Year Covered From: 7 / 1 / 04 Through. 8 / 1 / 05

3 Name and address of person filing

Name Joel T Riette

P O Box Bldg Room No If any

Street 791 Richardson Dr

City Lake City, PA

State PA ZIP Code + 4 16423

4 Name file number and address of labor organization.

Name Shopmen's Local # 642

Labor Organization File Number 26062

P O Box Building and Room Number If any

Street 904 Marshall Drive

City Erie

State PA ZIP Code + 4 16505

5 Position in labor organization. Recording Secretary

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 William C Ligetti, Sr

Trade Name, if any Ironworkers Employers Ass of Western Pennsylvania Inc

P O Box Bldg Room No If any

Street 2270 Noblestown Road

City Pittsburgh

State Pennsylvania ZIP Code + 4 15205

7 a Nature of Interest, Transaction or Income.

Dinner at Chophouse Cleveland Ohio Iw District Council Meeting & Apprenticeship Competition (12 people attended)

7 b Amount.

68 88

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 On 8-10-05 Date 814-774-2034 Telephone Number

Name of Person Filing Joel T Puette	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 William C Liggett Jr

Trade Name if any Iron Workers Employers Ass of Western PA Inc

P O Box, Bldg Room No. if any

Street 2270 Noblestown Road

City Pittsburgh

State PA ZIP Code + 4 ~~15505~~ 15205

9 Business deals with

- [x] 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

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.